

# THE DENTAL DIGEST

*Odessa Lake  
Estes Park, Col.*

PHOTO. BY F.P. CLATWORTHY

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EDITED BY  
GEORGE WOOD CLAPP, D.D.S.

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A.M., Ph.D.

New York City,  
Dec. 30, 1909.

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# THE DENTAL DIGEST

GEORGE WOOD CLAPP, D.D.S., Editor

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Vol. XVI

JULY, 1910

No. 7



## THE MECHANICAL SIDE OF ANATOMICAL ARTICULATION \*

(Continued)

BY GEORGE WOOD CLAPP, D.D.S., NEW YORK

(Seventh Article)

Synopsis of previous articles:—The visible characteristics of anatomical articulation in natural dentures have been outlined as well as those features of it which may be reproduced in artificial dentures. The successive steps in proper bite-making have been considered. The "occlusal plane" of the bites has been determined; the bites have been built to correct heights and fullness and have been marked for the sizes of the teeth. The teeth indicated for the case have been selected and laid aside till the time for their setting. By means of the Face Bow the models have been mounted on the articulator so as to reproduce any peculiarities the case may exhibit. The bites have been replaced in the mouth, the protruded bite taken, and the bites, properly fastened together, removed from the mouth.

### ADJUSTING THE CONDYLE SLOTS

AN important part of the joint of the articulator here used is a slot on each side which may be adjusted to any desired position within

\* This series of articles began in December, 1909.

a considerable range of movement. The adjustable feature is controlled by a set screw, somewhat above and behind each slot, which locks it in the selected position or allows further adjustment. A pin fastened to the lower jaw, or mandible of the articulator, sets loosely in each slot, and may be moved forward or backward the length of the slot. This pin is usually held in the most retruded position by the spring on the back of the articulator. In practical work, the condyle slot represents the eminentia articularis of the skull, and the pin in the condyle slot represents the condyle which slides on the eminence.



ILL. 39.—Adjusting the inclinations of the condyle slots by placing the lower model in the lower bite.

When the bite was first taken in the patient's mouth, it was with the lower jaw in a retruded position. With the upper and lower jaws in this relation the models were mounted upon the articulator. The protruded bite brought the condyles into the forward position. In order to give this bite the condyles were compelled to move forward and downward along the paths peculiar to that patient. In the protruded position of the mandible, the flat trial plates showed a certain amount of separation in the molar region, and this separation was carefully preserved by the bite gauges used for that purpose.

The bites are now removed from the mouth and, as a further precaution against any movement between them, are sealed together with a hot spatula in the anterior section and opposite the bite gauges. This

may be done on the lingual surfaces of the bites without marring the contour of the labial surfaces.

The upper bite with the lower fastened to it as described above is now placed on the upper model, and by means of melted wax applied at the edge of the bite, is fastened there.

The spring which holds the two parts of the articulator in action is released from the lower part; and the set screws which lock the condyle slots in position are loosened so that the slots move easily.

The articulator, with models and bites attached, is now inverted as in illustration No. 39. The lower model is carefully placed in the lower bite and brought down to proper position all around.

The bringing of the lower model into its proper position will require that the condyle slots of the articulator take on a certain slant. This slant will depend largely on the amount of separation between the bites in the posterior section. Adjustment of the slots by hand often facilitates their taking the proper slant.

When the lower model rests in its proper place in the lower bite the correctness of the slope of the slots may be easily determined. Move first one slot and then the other gently from the present position, and note whether the relations between the lower bite and the lower model are disturbed. When each step has been carefully taken, any movement of the condyle slots will be reflected in a movement of the lower model.

At that adjustment of the condyle slots which permits the lower model to rest evenly in the lower trial plate, the set screws should be turned until the slots are locked in those positions.

There will often be a difference between the slopes of the slots on the two sides, one sloping more than the other. If the preceding steps have all been taken with care, this difference need cause no uneasiness. The same difference doubtless exists between the condyle paths of the patient. It is said to be due to extraction of teeth on one side of the mouth before the similar teeth on the other side were lost. Gysi reports having found as much as 50 degrees of variation between the condyle paths on opposite sides of the same face.

Should the articulator show a difference of more than 10 or 15 degrees (the space between each two marks on the quadrants over which the condyle slots slide is equal to 10 geographical degrees), we should see that our adjustments are correct.

Dentists using articulators with fixed condyle slots will be unable to make this slot adjustment. Such instruments are very satisfactory for cases showing approximately average condyle paths. But one can never know just how great the condyle slope should be, or whether

a case is an "average case" until this adjustment is made. Articulators having condyle slots fixed in a horizontal plane, or nearly so, will be found quite unsuited for accurate work, and dentists using them will necessarily confine themselves to setting up teeth for occlusion, or mere open and shut, rather than for articulation.

Having adjusted the condyle slots and locked the set screws, the staples and bite gauges may be removed from the bites, the spring may be engaged with the lower part of the articulator, and the lower trial plate pulled back to its retruded position.

The next step will be to carve, by the guidance of the condyle paths as we have adjusted them, the compensating and lateral curves.

*(The next article in this series is expected to appear in the August issue.)*

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#### THE RELATION OF CONDITIONS OF THE ORAL CAVITY TO THE HEALTH AND MORALS OF SCHOOL CHILDREN

BY W. A. EVANS, M.D., CHICAGO, ILL., COMMISSIONER OF HEALTH

*(Concluded from June issue)*

The dentist who can read this last section of Dr. Evans's paper and not have his imagination fired, must be dull indeed.

We have not been accustomed to connect dentistry very closely with legislation, with political uprightness and with the tax rate. And dentistry as most of us practise it, isn't so very closely connected with these, or only on the negative side. But the Dentistry that is some day to come is to be connected with these things on the positive side, the side of correction and improvement and uplift.

For a broader conception of dentistry is forming. Here is a chapter in its gospel. Some day the dentist will be the true Prophylactic Physician, the Preventer of Disease, the Developer of Efficiency.

We think the profession is crowded now, but that is because our view and the public view is narrow. It is beginning to broaden. In ten years dentists will be much more numerous than now. And all will be busier.

We shall have begun to find our place.—EDITOR.

IN the city of Chicago six thousand babies die every year. Many of the mothers are of foreign birth, and yet those babies are just as dear to those mothers as are the babies of any other mothers to them. Those babies are sick for months, and after a period of pain and toil

they pass away, and that is fearful to contemplate. And probably—probably that is the very cheapest thing for the city of Chicago that could happen to those babies, as heartless as it may seem. An infinitely more expensive thing for our city would be for those babies of poor opportunity, those babies of dwarfed physique, those babies of poor physical development, to go on and become of school age, and then poor, weak, bent children to go into school with scrofula, with enlarged glands, and mouth breathers, to come in competition with other children of the school-room. What would be the result? The boy, unable to maintain himself in the competition of the school-room, would drop back, would play "hookey" just as innocently as you please. The next time he would play "hookey" there would be infused into him with that game of "hookey" a little of the prevented, a little bit more of the denied, and presently into that game of "hookey" there would be infused the element of outspoken crime. And so little by little, day by day, and year by year that child, innocent at first, would first go into mental incapacity and then into moral incapacity.

Do you believe the community loses its relation to that child? No. The law of the statute book is the law made there by public opinion, and that public opinion is being shaped largely by men and women of improper mental and physical attributes. There is not an ideal law in existence; every law is a compromise between that which we would have and that which we have to put up with. Into the web and woof of every law, into the web and woof of every administrative act, there is woven the distorted life of this child that didn't have a fair physical chance. That is part of the cost of poorly developed children that the community is paying. Do you think that the defective person who goes into the poor-house has been shunted from your shoulders? Do you think that the man who died out yonder with consumption and has left a family of helpless children to be cared for by philanthropic societies, do you think that their cost has been taken from the shoulders of society? Let me say to you that those who are competent are carrying every ounce of the burden of those that are incompetent, whatever the character of that incompetence may be! (Applause.)

Our school inspectors had not been working long until a very bright young man by the name of Schram, who was attending the Graham School, went to the principal of that school and said, "Mr. Watt, I can pick out in your school the students that are bright, those who are dull and those who can't learn anything." "Well," said Watt, "let's see you do it." So Schram went down through the school-room with Watt. He said, "This boy is a dummy, that one is bright, this one is in be-

tween." Watt said, "That's all right. How do you do it?" This is what Schram told Watt: "I noticed that that boy snuffled constantly; noticed from the shape of that fellow's mouth that he is a mouth breather, that he had adenoids; I noticed that fellow didn't have his teeth right, that one had enlarged glands, and I knew that boys like that could not hold their own with the other boys in that room." After he had gone over a considerable number Watt said, "All right, you have made good. Now what are you going to do about it?" And then Schram told what, in his judgment, was the thing to do about it, and the result of that was that not only the defects of that school have been remedied, but perhaps the most powerful apostle for right living in America is Principal Watt of the Graham School. Now why? It is not sufficient explanation that Schram had demonstrated that he, Schram, knew what he was talking about. There was something further that was necessary—they put those children under hygienic conditions, in a colder room where the air was better. They got rid of the snuffling, they got rid of the bad physical conditions that were there, and Watt has found—and I have his letter in my office file to show for it—Watt found that not only keeping that room colder saved the coal bill 20 per cent., but found that the prize students in his school are those whose physical conditions have been cared for.

That which is true of the Graham School, of those under the care of Watt, is just as true in principle, of the people of the City of Cleveland who are working for you men and women who are here to-night. You can no more afford to have a bad physical specimen in your employ, you can no more expect to get a good day's work out of a poor physical machine than you can expect to get a good day's work out of any other poor machine.

Now a relation that is especially significant to this audience, composed in great measure of members of the dental profession, is this. Here is the great work that civilization offers for the future. If the work is done, the results will be satisfactory. If the work is not done, then disaster will come. It is largely the work of men who are engaged in caring for the ills of the individual; the ills of society are but the aggregated ills of the individual. You members of the dental profession have received the heritage of the dentists who have done good work and gone before you. You are every day practising principles that you did not create, that you did not discover. You are employing measures that you have received from others without return on your part for the things that you have received. Here is a great work that is essentially your work. It is your part of this community obligation to discharge this work! Not only is it an obligation that you owe to the

community, it is an obligation of honor that rests upon the shoulders of every dentist that is the recipient of honors of dentists gone before, honors that have descended upon his shoulders. Therefore if you do it, you render not only honor to your community, render service not only to your community, but render honor and service to your profession.

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### CONSERVATISM IN THE TREATMENT OF NON-SEPTIC DISTURBANCES OF DENTAL PULP

BY H. E. LATCHAM, D.D.S., JEFFERSON, IA.

*Second Prize Article*

In dealing with non-septic disturbances of the pulp we must execute justice with mercy. The question of saving the pulp or removing it is sometimes badly clouded in individual cases, yet, if we familiarize ourselves with a few of the well-defined symptoms, view them in the light of the exciting causes and known anatomical conditions of the dental pulp and then follow them with the proper precautionary measures, success will result in a vast majority of cases.

Too many pulps are sacrificed by the timidity of the operator and too many abscesses are made by his boldness. On the one hand he sees a fine tortuous root canal which defies the dexterity of an expert operator, and on the other he pictures a highly inflamed and perhaps exposed pulp again returned to normal and a new and perfect covering built by the ever busy odontoblasts. Split open the buccal roots of a molar and the former fear is justified, and we sometimes find our keenest expectations realized in the latter.

It is therefore at times a matter of fine discrimination to decide on the manner of procedure. As in all other things, experience is a prime factor and after a few successes and more than a few failures, you will find the diagnosis and treatment of your cases becoming more successful.

It is the intention of the present paper to consider the pathological conditions found only in (1) Active Hyperemia; (2) Passive Hyperemia; (3) Non-septic Inflammation; (4) Pulp Capping under certain conditions, their etiology, pathology, diagnosis and treatment.

The causes giving rise to these pathological changes in pulp tissue may be any of the following:

1. Bacteria and their by-products.
2. Mechanical irritants.
3. Chemical irritants.
4. Thermal changes.

The anatomical features wherein the pulp differs from other organs are (1) Lack of a lymphatic system; (2) Lack of collateral circulation; (3) Lack of proper construction in blood-vessel walls; (4) It is incased in bony walls.

When caries has progressed to such a degree that there is only a thin pulpal wall, bacteria and their by-products may be forced into the pulp by mechanical means, as the impact of food against this wall. Again the wall is so thin that it may be bent in such a way as to cause pressure on the pulp. Thermal changes may easily irritate, either by reason of the slight protection afforded by a thin wall, or a large metal filling, which retains the extremes of hot and cold, closely approaching the pulp. Again the action of sweets will cause the characteristic paroxysms. These symptoms need not be cause for pulp removal in all cases, and a careful consideration of conditions present may save a pulp for an indefinite period. It depends on the intensity of the pain as well as the extent to which caries has extended; these are both clinical signs to be taken up later.

Active hyperemia is an abnormal supply of blood within an artery or capillary brought about by the action of some irritation that causes the muscular tunic of the artery affected to be relaxed, either a stimulation of the vaso-dilators, or a paralysis of the vaso-constrictors. Active hyperemia may be caused by any one of the above-mentioned irritants. The pain is sharp in character and usually momentary in duration, the exception being when irritation is continued. Pain subsides when cause is removed and does not recur until the application of another irritant. Attacks of hyperemia are more usually noted during meal time, as then the part affected is exposed to extremes of hot and cold, and frail walls of dentine are made to impinge upon the pulp by the wedging of food within the cavity. Treatment of these cases consists of removing all carious dentine from the cavity, and if the patient has experienced only an occasional paroxysm, lasting but a moment or until the cause is removed, I do not hesitate to fill immediately, usually protecting the pulp with cement preceded by a film of varnish. If there have been several such paroxysms, or if decay has progressed too closely to the pulp, it is best to use an anodyne and preferably one that is also a sterilizing agent. For this purpose I have found the formula

suggested by Dr. J. P. Buckley, his Phenol Compound, a most excellent agent. Seal in with cement a paste composed of precipitated calcium phosphate and

Menthol, 20gr.

Thymol, 40gr.

Phenolis, Q. S. ad., 3drams.

or a mix of oil of cloves and precipitated calcium phosphate may be used where a germicide is not considered necessary.

The symptoms of passive hyperemia are very similar to those of active hyperemia, differing in frequency and duration, being more intermittent and longer. Passive or venous hyperemia is caused by a thickening of the walls of the veins, or by the presence of an embolus which thus obstructs the return flow of blood from the pulp. Another reason for the inability of a return flow from the pulp may be found due to the peculiar construction of the coverings of the blood vessels. We have it from the authority of Dr. F. B. Noyes that the vessels of the pulp are deficient in their coverings, the artery walls being poorly formed and the adventitia and media only being present. The veins have only the intima as their covering. If this be true, a vein has less resistance to pressure and we find the artery gradually impinging upon the vein by reason of its enlarged lumen, until finally the outlet has become wholly occluded. When vessels such as these are surcharged by reason of a stoppage of the return flow, we have the escape of the blood elements into the perivascular tissue. This enlargement of the blood vessels and a surcharging of the perivascular space causes the nerve tissue to be impinged upon, and from the fact that it is held within the vise-like grip of the bony walls, we have the characteristic paroxysms of pain. Had the pulp a collateral circulation or a lymphatic system this transudation from the blood vessels might be taken care of; but such is not the case. We have it on the eminent embryological authority of Lepkowsky (Hopewell-Smith, *Dental Cosmos*, volume XLIX, page 125) that even in multirooted teeth there seems to be a distinct bundle of nerve tissue for each root canal, and while there may be an intermingling, there is no direct union; this was evidenced in my practice only recently. Having occasion to remove the pulp from an upper first bicuspid presenting two separate root canals, I had, in removing the carious dentine, exposed both the buccal and lingual horns of the pulp, and after applying cocaine to the lingual I was able to painlessly insert a broach into the pulp on that side but not on the buccal. When I touched the buccal I got a response. When I touched the lingual there was none. Nor was I able to insert a broach into the buccal canal until I had anesthetized its pulp as well as that in the lingual.

These facts lead me to believe that if the irritation has been such that the pain has lasted for a longer period than thirty minutes, if it has recurred without irritation as well as with it, or if it has recurred more than twice in twenty-four hours, such pathological changes have taken place that the pulp will not return to normal. However, if the paroxysms subside in from five to twenty minutes without other treatment than the removal of the irritant and pain has resulted only by the presence of thermal changes, mechanical or chemical irritants, and the tooth has been perfectly comfortable between periods of pain, the treatment is very similar to treatment for active hyperemia. A paste composed of Buckley's Phenol Compound and precipitates calcium phosphate is sealed in with cement, and the patient is dismissed for a few days. If there has been no further trouble the tooth may then be filled with such material as is deemed best.

Cement is used in these cases where there is occlusal stress exerted upon the agent sealing the treatment in place. Should gutta-percha be used in such a place the stress of mastication would cause a thin wall of dentine to impinge on the pulp. If all the dentine containing bacteria and their by-products were not removed, a sufficient quantity of these irritants might be forced into the pulp to cause such disturbances to take place that its removal might be necessary. However, in cavities not exposed to occlusal stress, gutta-percha may be used if desired.

Should the conditions that cause hyperemia be constant, inflammation soon occurs. The terminating of passive hyperemia in inflammation cannot be noted by the operator except by clinical signs, though the pathology of it may be interesting as a matter of information. Diapedesis of the red cells and emigration of the white blood cells through the blood-vessel walls into the perivascular tissue are accompanied by an exudation of the fluid blood elements. Should there be a coagulation of this fluid, we find in that coagulation the termination of hyperemia and the beginning of inflammation.

In non-septic inflammation we have had such changes taking place that I deem the best treatment to be the removal of the pulp, even though the tooth may not have given trouble for some little time; or we may be able to excavate all carious dentine without causing pain. In either case it is only an indication that the pulp is in a low stage of vitality and for that reason does not respond to irritation. My experience leads me to think a pulp in that condition will surely die before long; it has not reverted to normal as many like to think.

Two notable exceptions, and two only, do I make in the above; first, when the apex of a root is not fully formed, and the second in deciduous teeth soon to be lost. Any means that will prolong the life of a

pulp for a few weeks, for the apex to be fully formed in the former, and for the time of exfoliation of the latter to approach, is justifiable. In a tooth whose apical third is not fully formed there is not the opportunity of cutting off the return of the blood from an inflamed pulp and the chances of resolution are enhanced just that much, though in the majority of cases I think the pulp will eventually die. The treatment in both these cases consists of allowing the hemorrhage to stop of its own accord and after washing out all blood stains with an antiseptic solution, apply phenol to sterilize the cavity, using care not to allow it to come in contact with the pulp. Evaporate with warm air and cover the exposure with a paste of oil of cloves and precipitates calcium phosphate; flow over this a mix of thin cement which may completely fill the cavity or leave room for a metallic filling to be inserted as the operator deems advisable.

At times a sharp excavator may uncover a horn of the pulp or a bur may slip into some other part of the pulp chamber; if the field of your operation is free from infectious material and the previous history of the tooth favorable, we may successfully save that pulp. A healthy pulp will not bleed freely under those conditions unless an extensive exposure is made; but an unhealthy pulp will so completely have filled the pulp chamber that there is pressure enough to cause some little hemorrhage of a dark color. This is unfavorable. When a favorable case presents, pulp capping, as above described, may be resorted to with a very reasonable assurance that the odontoblasts of the pulp will fill in the lost wall with secondary deposits of dentine.

The principle that underlies even the fundamental principles, a sort of sub-fundamental principle, in the treatment of these cases is that successful treatment must be accompanied by the use of the rubber dam. Wait until the cavity is practically prepared if you care to before applying it, but the final cavity procedures must be performed when the field of operation is included in the rubber dam, for then and then only are you in a position to state that all the softened and diseased dentine has been removed. And until such object has been accomplished we cannot expect the pulp to receive the full therapeutic effect of our medicinal agents.

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DENTISTS MUST HAVE MEDICAL EDUCATION.—The Legislature of Virginia passed a law requiring that all dentists entering the State to practise dentistry after January 1, 1914, shall have a medical education.—*Journal American Medical Association*, April 9, 1910 (*The Dental Brief*).

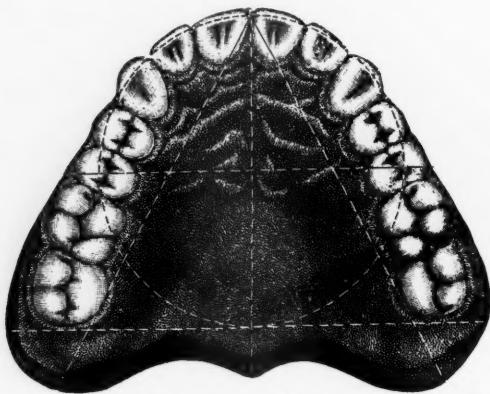
## ABNORMAL CONDITIONS OF THE MOUTH

BY L. P. HASKELL, D.D.S., CHICAGO, ILL.

AN exclusive attention for sixty-four years to the construction of artificial dentures, principally on metal plates, has given me opportunity to observe conditions not otherwise available.

For many years I have been calling attention to peculiar conditions of the left side of the mouth, rarely ever seen in the right side. Of course these conditions are abnormal, and pertaining mainly to edentulous mouths.

What the conditions were previous to the loss of the teeth I have no means of knowing, but the abnormalities presumably existed to a very large degree previous to extraction.



ILL. NO. 1.

Before enumerating them I will call attention to a remarkable discovery by Dr. Bonwill, about thirty years ago, as demonstrated in this illustration.

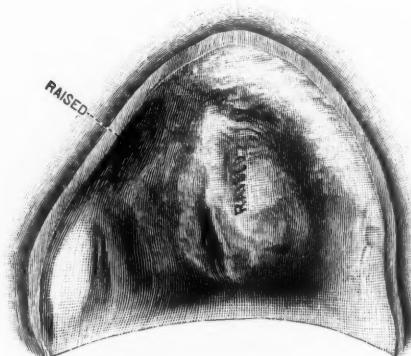
After an examination of more than one thousand skulls, prehistoric, ancient and modern, he found the human teeth were shaped and arranged along geometric lines.

He found that there is a relative proportion in width of the different classes of teeth, centrals, laterals, cuspids, bicuspid and molars, no two of which are the same width. He could tell from any tooth what was the relative width of the other classes.

He found that the six anterior teeth formed the arc of a circle, the radius of which was the width of the central, lateral and bicuspid teeth.

I have often tested the trust of the theory by taking a model of an upper set, making a circle from this radius and applying it on the incisors, and have found that a line drawn through the center of the circle will always pass through the center of the second bicuspids and across the posterior margin of the second molars. To me this seems a remarkable thing in nature.

The first of the seven peculiarities of the left side of the mouth



ILL. NO. 2.

which I first noticed thirty years ago, is in the depression over the cuspid eminence, occurring to a greater or lesser extent in 95 per cent. of jaws, calling for more thickness of gum than upon the right side.

I called Dr. Talbot's attention to it. He looked over several hundred of my models, and concluded I was right in my estimate of the proportion of cases, and called attention to it in his work on the "Etiology of Irregularities of the Teeth," and terming it "Haskell's Deformity."

The second peculiarity is found in the margin of the jaw being shorter, in many cases, than upon the right, necessitating dropping the teeth lower than on the right, otherwise it would be too short.

The third is seen in the dropping of the tuberosity lower on the left side, so that in some cases there is not room for the second molar, if a lower tooth remains.

I may call attention to No. 2 where this condition exists in connection with the short anterior margins.

I find this peculiarity exists in about 97 per cent. of jaws.

The fourth is realized in the raising of the left side of the lip in laughing or smiling, in very many mouths, seldom on the right.



ILL. NO. 3.



ILL. NO. 3.

The fifth is seen in ease of the lower teeth, which are often higher and more prominent on the left side than on the right in the region of the cuspid tooth, so much so that it is sometimes difficult to drop the upper cuspid sufficiently.

The sixth is found in the left side of the jaw diverging farther from the median line than the right, necessitating placing the teeth farther over the ridge in symmetry with the right side.

The seventh is found in a greater depression of the left side, requiring more restoration in height.

I have never found any dentist who has noticed any of these peculiarities, nor have I been able to satisfactorily account for them, although I have a theory.

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### OUR ORGANIZATIONS

By C. E. FRAZIER, M.D., D.D.S., KANSAS CITY, Mo.

FOR a number of years I have watched with interest the progress of dentistry, and the part played in this progress by the dental societies and organizations. From my observations I have drawn some conclusions which I tender to my confrères, hoping the same will be considered before being discarded.

For purposes of analysis I have classified our organizations into three divisions, viz.: 1st, the ultra conservative society, 2nd, the society manipulated by "the same clique," who have dictated the policy and nominated its officers until they have run it into the ground, and 3rd, the society whose sole object of existence seemingly is to advertise some dental college or supply house.

The question is often asked, "Why is the proportionate number of dentists who are members of societies so low?" With the above classification in mind the answer is easy. The ultra conservative society fails utterly of the object of its creation; and the organization (be it state or local) that is manipulated by the same coterie permanently also falls far short of accomplishing very much for the profession. The college or supply house booming society is, of course, a business proposition wholly; its success or lack of success in accomplishing the object desired by its promoters can only be told by the boomers, and to my knowledge they have not as yet told.

Of the first two in the classification mentioned, I am frank to say that I believe the second, the "Clique Dental Society," is by far the worst. The "Clique" or "Ring" has done more than any other one thing toward keeping the great majority of dentists out of societies to which they should belong and where they would be improving themselves, aiding others, and building up the great profession which they have chosen for their life work.

Now it is not my intention to tear down, and I would not even criticize if I thought the criticism would not bear fruit. "It's an ill

bird that fouls its own nest." If by pointing out an error and a weakness I can assist the profession that I love to lay aside the things that are behind and let the dead past bury its dead; and profiting by our experiences in the past attain higher and better things for our beloved profession, I shall feel pardoned for inflicting the pain of uncovering our society conditions, and I hope this paper will be received as a true diagnosis so essential to good treatment of any abnormal condition.

It is generally conceded that the primary object of our societies and organizations is altogether good and proper, and constitutes the most valuable and important professional relationship a dentist maintains after his graduation. Even if these societies have been warped and distorted until they have no semblance whatever of their original object, they are, nevertheless, the sheet-anchors of the dental profession and as such are entitled to a place of first consideration by every man who has elected to practise dentistry as a life work.

"Together we stand, divided we fall" certainly has its bearing and application to the Dental Profession. If abuses, or practices which tend to mitigate the usefulness of our societies have crept into the organizations, then more's the pity; but it is never too late to mend. If standards of ethics have been too high for the great majority, then modify the standards and by gradations raise the standards as fast as the profession as a whole can attain them. Be democratic enough for most good for the greatest number. It is better any time to accept a compromise than to take defeat. Half a loaf is better than no loaf. If the old coterie sees that the state or local society does not represent ten per cent. of the practising dentists who should belong to the society, then it would seem to me that the "clique" who have failed to "make good" ought to have enough regard for their chosen calling to permit a new secretary and a new president. Have some from outside of the "old clique" to infuse a little new blood into the offices of the society, and let these old aristocratic war horses go out on the firing line into the highways and byways, and compel the honest, capable, conscientious, although obscure dentist to "come in."

The American Medical Association, under the direction and management of that marvelous organizer and chieftain of their hosts, George H. Simmons, has shown the results easily possible from proper organization. The Illinois State Society, acting upon the plan of organization illustrated by the American Medical Association, has demonstrated beyond all question the possibilities of organization easily within our reach. The American Institute of Homeopathy and the National Eclectic Medical Association have also recently adopted the Simmons plan (if I may call it such) of organization as the only possible way of

maintaining their integrity and an advancement in keeping with the times.

The errors of organization that our profession has made in the past are only those usually incident to development and are by no means irreparable; our growth may have been retarded, but we have not been dwarfed, or sustained a cessation of development by any means. All the laws of evolution teach that a slow growth is the hardier growth, and we have no reasons to be discouraged from the results of our professional organizations in the past, even if some of them have needed pruning and fertilizing.

Fees, reciprocity, education, professional recognition, etc., are all matters that will be of very easy settlement whenever the great dental profession is a unit, when it lives and moves and has its being as one. Some may think that such an organization for us is a dream, a chimera, a phantom to pass with the shadows. Far from it; it is easily possible, eminently practical, imperatively necessary, made so by conditions as they confront the dental profession to-day. Whatever may have been the cause for the limited usefulness of the dental societies of the past (and they have not been altogether unprofitable servants either), or whatever may have been the personal reasons of any dentist for failing to align with the interests of his profession matters little; the time is now, when bygones are bygones, and our profession faces a new era, bringing with it new phases, new conditions and new responsibilities. Therefore, let us lay aside the past and even the present, as we would an old garment, one that served its purpose sufficiently when it was new but is out of date now.

If we can only be large enough to lay aside prejudices and personal feelings and work for the greater interests of the grand profession of which we (every dentist in the United States) are a part, a new day and a brighter one will soon dawn for dentistry.

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TEETH AND RHEUMATISM.—Those in the know have recognized that diseased tonsils are a cause of rheumatism. Another cause, scientists are coming to think, is ulcerated teeth, through which poisons are generated and disseminated in the body. The observer at the Office Window has a friend, a medical missionary from the antipodes, who inclines to this diagnosis of his own kinks and twinges. He has been in the hands of a local dentist lately, and after every treatment has walked a little straighter and brisker.—*The Evening Mail*, May 27, 1910.

**OPENING OF THE NATIONAL CAMPAIGN ON ORAL HYGIENE  
AT CLEVELAND, MARCH 18, 1910**

(Continued from June issue)

**THE STATE WORK**

BY W. T. JACKMAN, D.D.S., CHAIRMAN OF EDUCATION AND ORAL HYGIENE COMMITTEE,  
OHIO STATE DENTAL SOCIETY, CLEVELAND, O.

MR. CHAIRMAN, LADIES AND GENTLEMEN: Permit me to say that I have no set speech to make, although I have written what I have to say.

Out of a paper read before The Ohio State Dental Society several years ago on the "Care of the Teeth of the Indigent Poor," advocating particularly the care of the teeth of the unfortunate inmates of our eleemosynary institutions, has come the doing of more or less of dental work in all of them, the superintendents using some of the yearly appropriation for this purpose, although not strictly according to law.

A man is supposed to be insane. He is taken before our Probate Court and there adjudged insane. He is sent out to the Newburg State Hospital for treatment. Now suppose, if you please, this patient is suffering from dental caries—decay of the teeth we call it. Suppose he has five or six diseased teeth and suffering from them,—do you suppose that all the good physicians that surround him, with all the sanitary conditions for the restoration of health,—do you suppose they will restore him to mental balance when he is thus suffering? It is absolutely impossible, and I am sure you will agree with me that it is absolutely impossible! The proper thing for the State to do under such circumstances, I think you will say with me, is to place a dentist in such an institution as that, and I am sure that is the correct thing to do.

"Well," some will say, "that is hardly necessary; extract the teeth that are giving the trouble." That is a thing you dare not do—you have heard that theory here to-day from Mr. Dowd. If a man loses his teeth you main him for life. You have heard what the loss of teeth mean—loss of nutrition, assimilation, etc.—and so The State Dental Society is working to the end to place dentists in all these institutions, and we are going to have them there before very long. (Applause.)

The State Society had done but little before last year in Oral Hygiene. A beginning, however, was made last fall. The dentists of Youngstown, Canton, Delaware, and Gallipolis examined the school children of their respective cities. The children of Massillon and Findlay are being examined at the present time.

There are three members of the Educational and Oral Hygiene Committee of the State Society. They have divided the State, as to counties, into three divisions, each having a third of the State to work in. We hope to reach the children in a very large percentage of the cities and towns through the members of the State Society. Next year we shall add the lecture or educational side of the work, and possibly do a little of that this year. The larger cities of the State will carry on both simultaneously this year. The Ohio State Dental Society is made up of the various local societies of the State, called component societies. Through these component societies we expect to reach every town and township in the State and, my friends, permit me to say that this work will be carried on until every child in the great State of Ohio shall enjoy the blessings that will come through this humanitarian movement. (Applause.)

You have just listened to some of the reasons why we need Oral Hygiene in the public schools. The work is being carried on this year throughout Ohio without any cost to the taxpayer; but you, Mr. Taxpayer, must foot the bills hereafter. But, as paradoxical as it may seem, I could prove to you, if I had the time, that to do this would be money in your pocket. The time has come when the teeth and faulty oral conditions of the indigent poor must be looked after, and the only way is through legislative appropriations. After all, my friends, this movement is only another way of giving the cup of cold water in His name.

Now, Mr. Chairman and friends, I want to leave this one thought in particular with you; think about it, and then think more about it, and then assist the physicians and dentists of this great State to practically demonstrate the truth of this statement I am about to give you. The statement is this—"The conservation of the health of her people is the first duty of the State!"

#### THE LOCAL WORK

BY WESTON A. PRICE, D.D.S., M.E., MEMBER OF EDUCATION AND ORAL HYGIENE COMMITTEE OF THE CLEVELAND DENTAL SOCIETY, CLEVELAND, O.

MR. PRESIDENT, MEMBERS OF THE BOARD OF EDUCATION, BOARDS OF OUR PUBLIC INSTITUTIONS, LADIES AND GENTLEMEN: As I address this large and very intense, and therefore very critical audience, my responsibility is very great, but it is not so great as the responsibility of any one of you teachers, who go to your classes on Monday morning to instruct them with the interpretation of the Book of Life and Health.

You notice that beautiful class of boys. Do you realize that if that beautiful class of boys grows up as the average man of the past decade has done, by the time they are thirty not half of them would be accepted by Uncle Sam to even do post duty in the army, because they would not have teeth good enough to pass the examination. Do you shudder? When, and when only, could those teeth be saved? Only when they have got them, only when they are children, and there is your responsibility! Their fathers and their mothers do not know the responsibility and you do! And I want to say to you that just as the "pen is mightier than the sword," so the tooth-brush is mightier than the dental profession; and if those children can only be taught that great necessity, that great lesson, while they are young, you have given them a legacy that is greater to them than to give them a thousand dollars in gold.

A decade ago, when this Committee of The Cleveland Dental Society undertook to bring this matter to the Board of Education, the then superintendent, Mr. Jones, said to us, "I am in sympathy with your work, but alas," he said, "politics and public sentiment won't allow me to take it into the schools." He said further, "I would give five thousand dollars to-day if somebody had taught me, when I was a child, how and why I should save my teeth." And you have that privilege to teach every boy and girl in your classes that great truth. Some day a young man will come to you and he will say, "I am indebted to you five thousand dollars for telling me how and why I should take care of my teeth." (Laughter.) How many boys in the school room? You will have a great legacy for your old age!

If you will go with me to the museums in Colorado City and look over with me the skulls of the cliff dwellers you would be appalled to find not one instance of decay of the teeth in one of the skulls of that collection—at least that was so last summer! What does it mean? Our civilization, that is growing up to-day, cannot produce one man in five hundred with such a set of teeth as that. Do you realize that in that institution, that Dr. Grady works for, only two per cent. of the men that apply for positions in that Academy do not require dental attention before they may enter? This generation,—to the great alarm of this entire community it should be,—this generation has not anything like the good teeth of that former generation.

I want to say to you that the responsibility upon you, as teachers, is alarming, and The Cleveland Dental Society has had this work in their hearts and in their hands for a long time, and they are now going to coöperate with you and help you reach this great mass of humanity, the children, and the method is very simple.

In this system it is very important that you coöperate to the end that we have a very liberal attendance at these lectures. We have twenty lecturers from our organization going out to do this work, and I want to say in closing—to just change the words of Goldsmith a little, I would declare:

“Ill fares the land to hastening ills a prey,  
Where gums accumulate and teeth decay.”

I wish to say, Mr. President, I congratulate you as President of the Board of Education of this city, and you members of that Board, and the officers of the educational societies of this city, and parents and teachers, upon having the opportunity of furthering this good work, and, in turn, I want to congratulate this generation that they have officers of the liberality of conception and character and purpose to carry out such a worthy enterprise.

#### EVENING SESSION

HONORABLE MYRON T. HERRICK, EX-GOVERNOR OF OHIO,  
PRESIDING

I shall not occupy very much of your time, for the reason that we have on the program these gentlemen who have come from abroad to speak to us on a subject which has awakened not only local but national interest recently.

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It seems to me—perhaps I am speaking for myself—that we have little realized the importance of this wonderful undertaking. We have known for years of the progress of this profession, but I think we have little realized that upon the correct understanding of oral surgery depends the welfare and the health of our community. While we are engaged as a government in the conservation of our natural resources, it seems to me that we have overlooked, until these gentlemen who see beyond the dental chair have discovered, that the people were not cognizant of the dangers that lurked everywhere, in the way of disease, in our public schools and throughout the community generally. And their coming together here and preparing for a campaign of education which will arouse the people to the necessities and demands for the health and comfort of the public is something which should interest every citizen.

I confess my ignorance as to the advancement that had been made and as to the need of the efforts and co-operation of all good citizens in this most commendable undertaking until I recently made somewhat of an examination. A gentleman told me to-day that in the examination of the children in the infirmaries—take, for instance, the Lancaster Home in this state, which is a model one—that he found some 83 per cent. to 85 per cent. of the pupils there had defective teeth that indirectly affected their eyes. Their general health was affected and undermined. In our public schools, the pride of our country, there has been great neglect of this manifest duty of the citizens in providing proper methods of examination and understanding of the difficulties from which, I think, about 95 per cent. of the pupils are suffering.

I am here merely to open this meeting in order that you may be entertained and profited by these gentlemen who are engaged in this most patriotic duty. We think, that in regulating the rules of the House of Congress or building the Panama Canal or building high-grade bridges or dredging the Cuyahoga River, we are engaged in a great work. We are—the public sees that; but that which is of greater consequence than the laws is this conservation project of the natural resources which are our people; and in that they are engaged in something which commands respect and attention and helps in carrying forward what they have so nobly and unselfishly undertaken.

There is so much in this world that is away above and beyond the mere matter of our own personal welfare, and that of simply making money and looking after our own selfish interests. This is an unselfish band of men engaged in starting the young people right, and upon that depends the progress and prosperity of our country.

Some years ago—I don't know how many—we in America were criticized (and keenly felt the criticism) as to our methods of life and living, our hygiene and the way we cared for our persons. We were described as "a poorly clothed, unhealthy race of Americans" by that great writer, Dickens. The people were sensitive to the criticism, but in the development of physical culture, in the care of our food products and in the better understanding of the care of our people, we have surpassed our Anglo-Saxon brother, the Englishman across the water, until to-day American men and women are bigger men and women physically than the Englishman who was the type of manhood the world throughout. This is a fact which relates to America to-day. It is all due to a better understanding and care of our person.

Now, this campaign, which has just been properly styled education, seems to have disclosed to the majority of the public for the first time the fact that one of the great sources of unhealthiness, which is the

destroyer of manhood and womanhood, is that of the want of care of that which goes into our mouths. We don't care enough in America here as to what comes out of our mouths. That is a subject of discussion all the time, but what goes into them and our care of them is that which lies at the very foundation of our health, happiness and prosperity.

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#### ADDRESS OF WELCOME

BY HONORABLE HERMAN C. BAEHR, MAYOR OF THE CITY OF  
CLEVELAND, O.

*Mr. Chairman, Ladies and Gentlemen:*—Some few weeks ago I was told of this movement. I became deeply interested in it, and I am going to follow it carefully. I not only want to hear but to see. I consider this work one of the most important that I ever heard of. You are laboring in the most fertile field that I know of—you are trying to do something for your fellow-men, and after all, man's greatest mission on earth is to do something for his fellow-men. When he has done that he has done his best.

To-day, I understand, you dedicated five clinics in various schools in the city. You are going to take care of the little tots. Can you conceive of anything more barbarous than to send a child to school sick with the toothache and ask that little one to try to study?

This movement needs better citizenship, because by teaching children and parents to properly care for their teeth they become happier, and happiness makes for health. I believe you have demonstrated your worth to the people of this city, and, as mayor of the city of Cleveland, I shall endeavor to help you to take in a greater field. I believe the indigent poor should be treated. We take care of them now if they are sick in hospitals, and the sickness of the teeth should also be taken care of. I pledge you now after I have seen this work that I will march forward with you, gentlemen, and try to get an annual appropriation whereby this work can be enlarged that the poor, those that are unable to have proper treatment for their teeth owing to the lack of funds, may be provided for by the city.

## RESPONSE TO ADDRESS OF WELCOME

BY BURTON LEE THORPE, M.D., D.D.S., PRESIDENT OF THE NATIONAL DENTAL ASSOCIATION, ST. LOUIS, MO.

I RECENTLY heard of a little girl who went to the corner grocery and said to the groceryman, "Mamma wants ten cents' worth of oleo-margarine and please stamp 'O. K.' on it—we are going to have company for supper." And on this occasion I rise to put my stamp of approval, and speak a word of praise and commendation for the wonderful work done by these committees representing The National Dental Association, The Ohio State Dental Society and The Cleveland Dental Society, in opening this educational campaign and spreading the gospel of Oral Hygiene, which means to the public one of the greatest benefactions that has ever been inaugurated on God's great globe! It is a great pleasure to know that these men have done their work so well; that this movement has been inaugurated in this city and in this great State that has done so much for dental surgery and its development. I doubt if many of the laity in this audience know that in Ohio was established the second dental college ever organized in the history of the world, and the first dental journal ever published west of the Ohio River. It gave to the profession such pioneers as James Taylor, George Watt, Jonathan Taft, W. H. Atkinson, R. H. Varney, and many others, and, last but not least, that great dental scientist, the lately lamented W. D. Miller.

We are indebted to these men who have done this pioneer work, to-day which is bound to be a success and its influence widespread, for the simple reason that it has the two most potent factors in Christendom, indorsing it, namely—the American mother and the American school teacher.

I doubt if these men realize what they have done and the results that are to be reaped from it. I also doubt if the public appreciates to the full extent what this work means to them in the future. These men will reap their reward later, and on the pages of dental, as well as the pages of philanthropic history, they will be accredited as rendering this great service to public health.

I thank God to-night that the time has arrived when the dentist is not held up as a scarecrow by exacting mothers to frighten their unruly children, but instead he is a necessary and useful adjunct to the community in which he practices his calling. Also am I thankful that the bath-tub and the tooth-brush are two of the greatest civilizers we have.

I take great pleasure in expressing my personal thanks as President of The National Dental Association, and in the Association's behalf thank Mayor Baehr, the Committee on Oral Hygiene of this Association; also the Committee representing The Ohio State Dental Society and the Cleveland Dental Society. I desire to thank the Board of Education of this city, and the school teachers, who have lent their support in many ways in making possible the opening of this campaign and these clinics. All these we thank for assisting in impressing upon the school children of this city and eventually in impressing upon the school children of the world an adage, which is a good one for all of us to practise—"Keep the mouth pure, the gateway of Health."

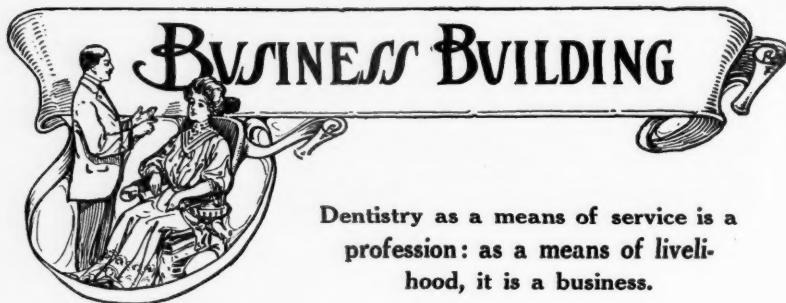
(*To be continued*)

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**REMOVAL OF PULPS.**—When we find it necessary to devitalize and remove a pulp from a distal cavity in a molar or bicuspid, the operation may be simplified by adopting the following method:

Remove all the decay possible near the pulp, and provide for retention for a permanent filling, such as amalgam or Ascher's artificial enamel, preferably the latter. Apply the devitalizing paste and place over it a metal disk of sufficient strength to resist the pressure of inserting the permanent filling. Insert the filling and finish as you wish it to remain permanently. When the devitalizing agent has remained in the tooth the desired length of time, make a new opening into the pulp-chamber through the occlusal surface of the tooth far enough mesially to enable you to gain access to all the canals, and remove the devitalizing agent and all the decay that remained in the cavity. Then proceed with the treatments and canal-filling in the usual way.

You thus avoid the difficulty of trying to apply the required treatment through the almost inaccessible distal cavity. The occlusal cavity may be filled with a permanent filling after the root-canals have been successfully filled. In this way you will find it unnecessary to cut away the crown to such an extent as to weaken it, as would result if a mesial opening were made to gain access to the canals.—H. A. Cross, *Dental Review* (from *The Dental Cosmos*).



Dentistry as a means of service is a profession: as a means of livelihood, it is a business.

### BUYING AS AN ELEMENT OF PROSPERITY

By GEORGE WOOD CLAPP, D.D.S., NEW YORK

THE dentist who has learned to buy his materials to the best advantage has mastered a most important step in the science of making money make money. The dentist who has not learned to do this is neglecting one of the well-springs of prosperity. There is probably not a dentist between the Atlantic and the Pacific oceans, with practice enough to support him, so poor, and pressed for money, that he can afford to buy on any but the very best terms the depots offer. Such buying is far more necessary to the dentist who is barely getting along, than to the one who is making plenty of money. The dentist with the big income may be able to lose 30 per cent. or 40 per cent. on his purchases, but for the dentist who is barely making ends meet, such a loss is ruinous. It often prevents his getting that financial start which would one day make him independent.

The terms on which the leading depots offer supplies, other than precious metals, are so nearly uniform that we may quote them about as follows:—

On purchases of \$25.00 or \$50.00, or a deposit of that amount, a discount of 5 per cent. On purchases or deposits of \$100.00 an allowance of 11 1/11 per cent. is made, so that a dentist may deposit \$90.00 and secure credit for \$100.00

So far as the writer can learn the average monthly purchases of supplies, other than precious metals, by dentists, amount to about \$25.00. This sum is only an estimate, because exact figures are hard to obtain. Many practices run two or three times that amount, while very few that are at all successful can run much below it. Let us take \$25.00 as an estimate of the monthly purchases of every form of supplies except gold, platinum, etc. Even if it be too high for some practices, it affords a convenient basis on which to do some figuring.

Such a practice would consume \$300.00 annually if the supplies were paid for as ordered. But if deposits of \$90.00 each were made as required, \$270.00, in three deposits of \$90.00 each, would pay the bill. These would be made, for example, on January 1, May 1 and September 1. Suppose the dentist did not have the \$90.00 to deposit. If he went to the bank and borrowed the first \$90.00 for four months at 6 per cent., he would have \$1.80 interest to pay. His saving of \$10.00 at the depot leaves him a net profit of \$8.20 or 9 per cent. *on the borrowed money.*

By merely laying aside \$22.50 monthly he could make the other deposits as they came due. By repeated use of the \$90.00 thus accumulated, he would net, during the year, \$28.20 or 29 per cent. on his investment. That's making money make money. It's the first rung in the ladder of success.

This estimate supposes that the dentist collects the sums due him, and that he repays his note to the bank at the end of four months out of his profits. For all business rests on two foundation stones, Getting Business and Getting the Money. The dentist whose working capital is walking about in other people's mouths needs an article on Collecting, not one on Buying. Even if the dentist is compelled to borrow the \$90.00 for the entire year at 6 per cent. interest, his profit on the transaction is very large; it is 27 per cent. on the investment.

No wide-awake merchant would hesitate to borrow money to pay for salable goods on terms even one-quarter as favorable. He would regard himself as foredoomed to failure to neglect such opportunities.

The bank that charges 1 per cent. a month on loans is regarded as charging usury. But any banker will tell you that  $11\frac{1}{11}$  per cent. on \$90.00 repeated three times a year is regarded as  $33\frac{3}{11}$  per cent. per annum, because you get your money out of the supplies before redepositing, and the sum of \$90.00 is really all that is required. Now  $33\frac{3}{11}$  per cent. per annum is *one-third of the principal.*

In other words, the dentist who deposits \$90.00 at a time really gets his supplies one-third cheaper than his competitor who pays following purchases. And in the race for wealth, that one-third is a tremendous item, too big not to receive the most careful consideration. It means that in every four years of practice he gets the equivalent of one year's merchandise free.

The reason given by some dentists for not making such deposits is that it requires them to either trade at one depot or maintain more than one deposit. It doesn't compel them to trade there very long, because on the basis of \$25.00 per month, a dentist may change three times a year.

There are some good reasons for trading with one depot. The depot people come to know the dentist's likes and dislikes. Unknown to him they take for him pains he does not dream of. They refrain from bothering him with things likely not to please him. They bring to his notice demonstrations and trial offers likely to interest him. His interests are cared for in many ways he does not know about. In other words, he is a good customer and is cared for as such. Let no dentist be so hasty or unwise as to neglect securing in his behalf the interest of the depot people. They do not know the *technique* of his profession as he knows it, but they know a lot he doesn't. And their knowledge is all practical business knowledge, the very kind he is most likely to need. Moreover, the courtesies of the depot man have saved many a struggling young practitioner from failure.

The dentist who buys a little here and a little there misses much of this. He is not a good customer of any one depot. Each knows that it gets but a small share of his business. No one depot can have the same interest in him as though he were a deposit customer, any more than the dentist can feel the same interest in a transient patient than he can in one of years standing.

The 33 1-3 per cent. which the dentist can save in the twelve months is by no means all of the possibilities for making money earn money.

The dentist with a deposit account may take advantage of quantity rates in a way he is not likely to otherwise. In this way he can very materially increase his savings. Take some of the articles most extensively consumed in practice and therefore most frequently purchased, such as amalgams, cements, teeth, rubbers, etc. A single ounce of the best alloys costs \$2.50; five ounces bought at one time cost \$10.00, a net saving of \$2.50. They cost the \$90.00 deposit dentist only \$9.00. The immediate saving on this one article alone is over 25 per cent. Any practice that can use five ounces of alloy in six months can make 50 per cent. a year on the money devoted to its purchase.

The dentist who purchases the famous dollar teeth, a set at a time, pays \$1.00 per set. The \$90.00 deposit dentist may purchase 28 x 14 for \$22.50, a saving of 24.4 per cent. over the set at a time rate and of 5½ per cent. more than the dentist can effect who buys the same quantity for spot cash. If such saving as 5.5 per cent. seems small to us, it is only because we are too poor business men to realize that many concerns declare only about this much profit as the results of a year's labors.

As to the matter of security. That is one of the first things the shrewd investor looks at when about to make an investment. A safe investment with low returns is preferable to a high return with risk of the principal.

A deposit account is the safest investment a dentist can make. He may take the goods as he likes. He can at any time arrange to cash in the balance by foregoing only the profits. The management of the expenditures lies solely with him.

It is the logical investment for a dentist. His first profits should be utilized to reduce his costs of doing business. They should be placed where the returns are immediately available. Later, when business ability has produced returns too great to permit them all to be used in this way, the surplus may be invested elsewhere; but only when there is a surplus over the amount needed for the most judicious management of the business.

Seen from any side, high rate of returns, perfect security and logical placing, a deposit account is the one sensible, economical and business-like way of buying dental supplies.

Let us be better business men. Let us live down this old reputation of "poor business men" that so clings to us, to our lasting hurt. And while we are recasting our fees and collecting our bills, let us not neglect this side which affects our pockets so quickly and so seriously. Let us open deposit accounts, even if we have to borrow the money. And if we pay 6 per cent. interest per annum, let us see if we cannot so handle it as to make 60 per cent.

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### PROFESSIONAL FOUNDATIONS

BY FRANK W. CHANDLER, D.D.S., FARGO, N. D.

ACKNOWLEDGMENT of our success lies at all times in the hands of the public, not in the hands of the profession we represent. It is an old and common fallacy based on selfishness that a man can do as much work in a dirty, ill-kept and poor-appearing office with a poor equipment and under surroundings anything but ideal, as he can in an office with modern equipment such as is now possible.

Now we have on the market an all steel and glass cabinet, conveniently arranged and designed; in fact, ideal, and the only one that could be kept absolutely clean, and is at the same time properly arranged for our uses. This cabinet, a white enameled chair, leather or cane upholstered, fountain cuspidor, elevation engine and switchboard, a lavatory with hot and cold water, either enameled walls or finished in some washable covering, with tile or linoleum floors, should be the basis of equipment for every operating room for a thinking and care-

taking dentist. What we buy should be the best, with cleanliness and convenience the main ideals; and we cannot get cleanliness without steel cabinets that can be washed and cleaned with boiling water, and that will not shrink, swell, crack or work loose.

Our fees as a whole are a disgrace to the profession. Make a comparison with the fees of the physicians and surgeons you know. Take the leading surgeon of your city and the leading dentist. The physician makes five to one. We invest as much in our education and more in equipment, give more in material, work more hours, work harder and earn less.

The average family thinks nothing of a hundred dollars a year in medical bills; but a hundred dollars a year dentist bill causes salt tears to flow. We go into a physician's office, professionally,—two dollars; we interview a dentist,—nothing. It is not right, it is not just; but we merit it. It's our fault; and not until we all by united effort demand more will we get it. I heard a member of a society not very long since say he did not know how much to charge for certain classes of work. What a man in that state of mind needs is a nurse. How many are in like condition? They are cowards, they are afraid to ask what is right, and want to know what the "other fellow" gets, and base their fees on that. They have not self-assurance to stand alone. They want a wall to lean upon. If the colleges would create chairs devoted to the business end of our profession and have them held by practical, successful dentists, the fees could be increased and our entire profession would reap the benefit. Thus broader ideas and better business sense would result. We would know that a dollar has one hundred cents and would not be fooled out of our hard-earned increment so easily. . . . —*The Dental Brief*.

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#### DENTAL FEES

BY MILTON GRAHAM, D.D.S., L.D.S., OTTAWA, ONT.

THE other day I had a patient go into my chair. She said, "I want two silver fillings inserted, but first of all I want to know what you are going to charge me." "Well," I said, "madam, I can hardly tell you that just now until I have finished, as I do not know how long I will be, and these teeth may require several treatments." She immediately

\* Read before the Ottawa Dental Society.

remarked that I was "not like the last dentist who worked for me, as he had two grades of silver, one for which he charged one dollar a filling, and the other seventy-five cents." "Well," I said, "did he not charge you for his time?" "No," she said, in a peculiar tone of voice, "how could he have the nerve to charge me for his time, when he was only about five or ten minutes putting in those four silver fillings that you see in my mouth." She also stated that this particular dentist took down two different bottles from his cabinet, one was the dollar silver and the other the seventy-five cent grade, and pointed out to her how fine grain and bright the one was, while the other was coarse and rough. Now I merely quote this as an example to show you what little value is placed upon our services and skill, and until such time as we cease educating our patients that we are selling material, then and only then can we raise the standard of our profession and our fees.

AN incident occurred in our office during the past week which will illustrate my point. I had just completed some dental work for one of my patients, and as I was cleaning his teeth before dismissing him I happened to drop the question, "How do you brush your teeth?" because upon observation I found that his gums were receding very rapidly. He was a gentleman who took great pride in keeping his teeth clean. He said, "I have a good stiff brush, and I brush them in the usual way, straight across the teeth several times." I said, "I will show you a way which to my mind is a good deal better, and will not injure your gums." I had a tooth brush there, and I went to work and instructed him to brush down on the upper teeth and up on the lower. I pointed out to him that while he was brushing his teeth in such a way he was not only injuring his gums, but he was also driving all the particles of food and debris in between the teeth, and hence he would set up tooth decay, while in the other way the bristles of the brush removed all this. "Well," he remarked, "that piece of instruction you have given me is worth more than all the work you have given me before," and I do not think he was casting any reflection on my workmanship. "Why," he said, "that is the common-sense way, and the other way appears ridiculous now. I will go home and instruct my wife and family how to brush their teeth, and you can add that advice onto my bill when rendering it," and I fully intend to take his tip. "Why," he said, "I am forty-one years of age and have been going to dentists all my life, and never knew how to brush my teeth properly."

THE other day a mother and her daughter came into our office; our assistant came over to me and told me there were two ladies who wanted

to see me. Upon consultation with the mother, I found that I had been recommended to her to extract her daughter's teeth. I examined the girl's mouth and found her teeth in a deplorable condition. I advised a general anesthetic, and inquired who her family physician was. She was a country patient and did not have any special one, but said she knew a certain physician in the city. I said he is a good man, and why not have him. So she agreed. I then gave her the usual instructions and made an appointment with her for 9 A.M. the following morning for the operation, at the same time making arrangements with the doctor. She came in the next morning at nine and I got her all ready. The doctor appeared about nine-thirty, as they usually do, a half an hour late, and he administered the chloroform, and I extracted, with the assistance of my partner and assistant, seventeen teeth. The doctor was in the office about twenty minutes or about half an hour at the most; he walked out, the mother of the girl following him, before the patient was conscious. She inquired of him what his fee was, and he said five dollars, and the mother paid it willingly. Now that patient took up about two hours of my time, saying nothing of my partner's and assistant's, and she used the anesthetic room for over two hours, soiled a lot of linen and dirtied all my instruments. The mother came to me when they were ready to start and said, "Well, doctor, I suppose you will be making my daughter a full upper and lower set of teeth, and you will not charge us anything for to-day's work." "Well," I said, "madam, does that seem fair to you, after all we have done for your daughter, that we should receive nothing, but merely have the privilege of making your daughter her teeth? You paid the physician five dollars for his services without a murmur. Now, as a fair-minded woman, don't you think I have rendered your daughter just as valuable services?" And I explained the whole situation to her, after which I exacted a fee of five dollars also, as a deposit on the work we did. Now I claim the only way we as dentists are going to rid ourselves of this unsatisfactory condition is to educate each patient that our services are worth something to them, and that we are more than mere mechanics, and our time, skill, and services should be rated just as valuable as the men of the other professions.—*Dominion Dental Journal.*

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THE DIGEST has made me wake up and it was time I did, and I shall see that it disturbs my slumbers as long as I can get one dollar a year out of dentistry.—*New York.*

**EXPERIENCES OF A RECENT GRADUATE***(Name withheld.)*

This article is the writer's first effort. If his future articles improve in proper ratio to his experience, his writings will receive attention.

His modesty leads him to ask that his name be withheld. He deserves better than that, but we respect his request.—**EDITOR.**

Two years ago I came to a western town of 2,000 population. For one year I was employed by a dentist, and then bought him out. At present the practice brings me as much money as I ever earned at anything else. I have learned from experience and observation, the following:

*First.*—The public does not respect a doctor who works by the month. It matters not whether he works for another, for the government, or for a college. People reason that if he has not sufficient intelligence to earn his living by independent practice his place is in an humble vocation. Or in other words, they think that he ought to strike out for himself.

*Second.*—I have learned that advertising does not pay in a small town. I have tried a card in a newspaper, locals, write-ups, and have sent out booklets to the public. I cannot trace one dollar of benefit from advertising.

*Third.*—An attitude of independence is the best policy. But the operator must keep his temper no matter how sorely tried. And in this connection, if a patient is dissatisfied with a plate, there is a reason for it. The plate should be altered. If this does not meet the requirements, the plate should be made over, time and again. When the plate is right the patient will pay.

*Fourth.*—For most operators, talking while operating is not necessary, and in a majority of cases it is inadvisable. The operator should make it a point to "keep the mouth closed and eyes open."

*Fifth.*—Most dentists are hampered by a lack of scientific knowledge. They should have had a thorough medical training. The medical aspect of dentistry outweighs the mechanical and artistic. If a filling comes out it can easily be replaced as the cavity is already prepared. If a bridge fails it can easily be made over; the roots are treated and shaped, and the dummies, and sometimes crowns, can be used again. If a plate does not fit another can be made. But if a tooth abscesses after being treated, or if a putrescent tooth causes swelling while being treated, or if the operator fails in treating any pathological condition or surgical case, these things are more serious. The operator does not

forgive himself, and the patient will not overlook his shortcomings if he fails in such vital cases.

*Sixth.*—The dentist should know his business from A to Z. He should stick closely to the teachings of the colleges and text-books.

The short cuts practised by old dentists do not pay in the long run, and any young dentist who tries them will in time come back to the methods which he learned in school. He should invest in new books and constantly be at work on one.

The price of success in dentistry is eternal vigilance. A man must use his knowledge and power of thought. Every time some one opens the dentist's door there is call for a bottle of brains. An agent or salesman should be given a polite hearing. If his proposition meets the needs of the dentist he should invest. If he feels that it is not to his selfish interest to patronize the gentleman he should refuse. When a patient enters more care is needed. Some educating must be done. There is a call to use the best of judgment in advising him. In some cases the dentist must go ahead without discussing the matter with the patient. Old patients are only confused when several courses are suggested. They trust us to select and follow the wisest system.

The successful dentist will be wide-awake to his own interest and to principles of right. It is necessary that professional success should accompany financial success.

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#### ONTARIO, CANADA.

##### *Editor DENTAL DIGEST:*

I AM sending you the information you asked for, but I also wish to say more. You are taking up in THE DENTAL DIGEST a question that is of the greatest importance, that is the question of professional fees, and the gaining of a competency by the time the dentist is unable to make a living. During my college course the question of fees was never touched on by the staff, a mistake that is very unfair to the graduates who are sent out with a high ideal and code of ethics to make a living, with no conception of the value of their time and services, or no business training as to what returns should be expected for their heavy investment of both time and money, and at a time of life when both possess a high value in regard to their start in a financial sense.

I practise in a town of about 13,000 inhabitants, a town that is very substantial, and the people moderately well off. I mean by that, that there is not much poverty, but I do not think the average income per

family would be over \$700.00. Consequently there is not much chance for large fees. There are nine dentists, all of them first-class operators.

However, the increase in the amount of work and increased fees from a better class of work have kept the receipts up fairly well.

Your articles have made me decide that a great deal of dental education is needed by the people, but the small average income is the difficult thing to get over. It is a very difficult thing in a small town of this size, and where the dentists are all good, and where the fees are doubtless discussed, to charge one patient who is able to pay larger fees than you would ask from the poorer one.

In keeping my books, I balance every month and keep track of every cent of expense as well as every cent of receipts, and also how much I take in. They are as follows for the last three years:\*

My expenses are made up as follows, about as near as I can make out, without separating small items:

Supplies .....	\$500 to	\$550
Rent and heat.....	300	
Assistant .....	200	
Laundry .....	30	
Telephone .....	30	
Scrubbing and cleaning.....	30	
Stationery and stamps.....	30	
Light .....	20	
Gas .....	15	
Water .....	10	
Business tax .....	15	
Subscriptions .....	10	
General repairs, coats, magazines, insurance.....	40	
<hr/>		
		\$1,230 to \$1,280

You will note a great discrepancy between expenses that are due to my expenditure for supplies, for I find it pays to buy in large quantities of material, say teeth (\$200.00 at a time) or amalgam (100 ounces at a time), and get a good discount, and have a choice to pick from, besides being able to oblige other dentists and make a fair profit on such transactions. This stock carried from year to year lessens my purchases in such material for that year.

The articles in THE DIGEST must have an effect, maybe slow but sure, and it is time with the increased cost of living, and the great increase in the cost of keeping up a dental office. People demand much more than they did even ten years ago, but they are slow to understand that they must pay for it, and are prone to compare the fees now with

\* It is regrettable that these figures must be withheld, but some readers of THE DENTAL DIGEST are using such figures unfairly and it seems wise to make such a course impossible.—EDITOR.

those of twenty years ago. It is now up to the dentists to make a concentrated movement for higher fees, and that can only be done by educating them through the professional periodicals. It is up to the dental colleges to educate the students, so that when they start out they will not undo the work by clashing with the older practitioners. The young man to-day has a great advantage, for dentistry is a young profession and the public knows that, and knowing that rapid advances are being made, naturally think that the young man is more up to date, and perhaps can give better services, even if lacking experience.

(Signed) D. M.

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#### THE FIRST REPLY TO "HELP US DETERMINE COSTS"

In the June issue of THE DENTAL DIGEST was printed a list of eleven standard operations and a request that dentists perform at least one of these operations and record the minutes required for each step. Such a record promises to teach us several things not generally realized. The operations are as follows:

" 1.—CROWN—Grinding tooth, fitting band and top grinding, polishing and setting.

2.—1 x 1 BRIDGE—Grinding tooth, fitting crown, bite, impression, pour, separate, mount, separate, choose teeth, set up, invest, solder, grind, polish, set in mouth.

3.—2 x 2 BRIDGE—White dummy facings (details same as No. 2).

4.—2 x 2 BRIDGE—All gold (details same as No. 2).

5.—GOLD INLAYS—Separating tooth (number of trips and time) prepare cavity, impression in wax, invest, casting, cooling, grinding, adjusting and cementing. You will find the time consumed in this is more than in a crown.

6.—PLATES—Impression, pouring, separating, preparing bite, and mounting on articulator, separating, choose teeth, setting up, wax up, investing, packing, vulcanizing (just estimate time in putting in and out vulcanizer) scraping, polishing, set in.

7.—PARTIALS—Details same as No. 6.

8.—ABSCESS TEETH—Time of examination, opening up, time of each successive treatment, closing and refilling tooth.

9.—REPAIR PLATES—Details same as No. 6 (special care should be given this time for various details as it is the worst paid piece of work).

10.—TAKING OLD AMALGAM fillings out, devitalizing, number of treatments, filling canals, replacing fillings.

(Be very careful of this time.)

11.—ESTIMATING repairing broken facings on cemented bridge in mouth, including burs, time in removal, cleaning and drilling out old cement, replacing bite and impression taken, pour, separate, etc. (as in No. 2).

NOTE:—It is without doubt, possible for these "steps" to be taken and averaged. If these "steps" were in any modern manufactured article, the manufacturer would have to know to the minute."

Will you not perform at least one operation and report the results? You cannot benefit others without benefiting yourself more.

This answer is, in the editor's opinion, one of the most important business building articles this magazine has printed. Let us have many like it.—EDITOR.

*Editor DENTAL DIGEST:*

In an effort to "help us determine costs," I send you the following record of time used in doing operation No. 1, page 378, June number of DENTAL DIGEST:

Operation. All gold crown.	
Tooth. Second, left, inferior molar.	
Preparing root, fitting band, taking impression and bite..	.75 m.
Varnishing impression .....	5 m.
Pouring model .....	4 m.
Separating, pouring, bite, and setting up on articulator ..	.15 m.
Waxing and carving.....	.45 m.
Investing .....	5 m.
Casting .....	1 m.
Finishing and polishing.....	.20 m.
Setting .....	.20 m.
	<hr/>
	190 m.
	3 h., 10 m.

At eight dollars (\$8.00) per hour, twenty-five dollars (\$25.00) would not pay for the time used in this operation, and no account has been made of the cost of material.

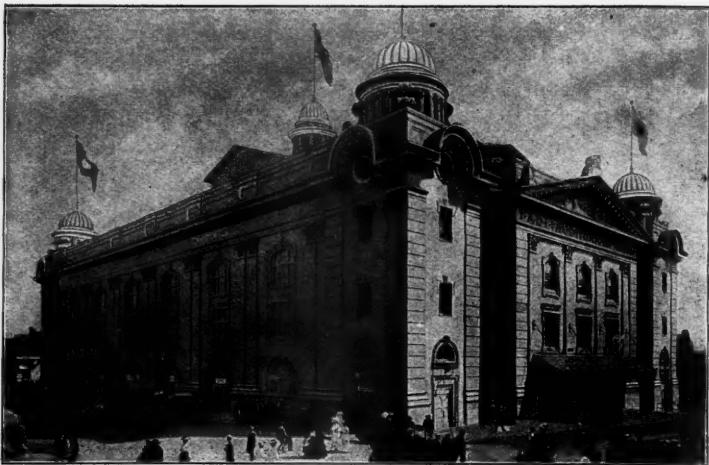
It will doubtless be a surprise to many to know that so much time is used in doing this operation and at fifteen or twenty dollars per crown one is poorly paid. It would be interesting to know the average price per crown received by the better class of operators, but there is probably no way of arriving at that.

Very sincerely yours,

"F."

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CEMENTING GOLD INLAYS.—In seating gold inlays in the cavity for adjustment or for final cementing it is more efficacious to tap them to place with a mallet than to force them with hand pressure. No amount of hand pressure will snug an inlay up to the margins so perfectly as will a few blows of the mallet. Care must be exercised that the inlay does not impinge too hard against a thin wall of enamel or in other words does not bind upon it. If it does, there is always danger that tapping the inlay to place will result in fracturing the wall.—ED., *The Dental Review*.



Denver's New Auditorium  
Where the National Dental Association meeting will be held.

### ESTES PARK

BY ENOS A. MILLS, ESTES PARK, COLO.

Author of "Wild Life in the Rockies," etc.

THE picture on the cover page of this issue is from a photograph of Odessa Lake in Estes Park, Colorado. This lake, situated just below timber-line, represents but one of the many varieties of scenery within the boundaries of this most picturesque of mountain parks.

Estes Park, which has an altitude of 7,300 feet, is reached after a three-hours ride from Denver; the first half of the trip is by rail to the foot-hills, from which point the journey is continued by automobile stage over beautiful roads, between towering granite walls and beside rushing mountain streams, until emerging upon a mountain pass, there is unfolded a view unequaled in grandeur, which never fails to print an indelible picture upon the memory. As one of the greatest travelers once said: "Nowhere have I seen anything equal to the view into Estes Park," and thousands have had the same feeling as they saw this view into the park from the entrance. One sees a vast, irregular, grassy depression, sprinkled with great green pines, and around all a wall of broken, forest-robed, snow-piled mountains. Picturesquely placed in it are a few cliffs and groves, while the Big Thompson River, doubling in silver folds, flows majestically across.

Professor F. V. Hayden, father of the Yellowstone, says of Estes

Park: "Not only has nature amply supplied this valley with features of rare beauty and surroundings of admirable grandeur, but it has so distributed them that the eye of an artist may rest with perfect satisfaction on the complete picture presented."

In and around the park are numerous lakes, canyons, forests and streams, all with those wild, poetic, scenic qualities so delightful to behold. Odessa Lake is only one of a number of lakes in and above timber-line. Their shores are piled with ice, snow, and great fragments of granite which have fallen from above. Living around them are conies and ptarmigan, while a few varieties of subarctic flora give a softening touch to their rugged grandeur.

Glaciers have left extensive records in and around the park. Many canyons are polished or eroded, and enormous areas of glacial débris are found in numerous and distinct lateral, medial, and terminal moraines. The Hallett and Sprague Glaciers, with their masses of greenish crevassed ice, crawling slowly down the slopes, are worth long journeys to behold.

Estes Park is a wild-flower garden, and in it during each bloom-time season appear nearly a thousand varieties of brilliant blossoms. Birds, too, are here with many species. The rare ouzel lives along the brooks; here the robin and the bluebird build; and here also are those sublime singers—the hermit-thrush and the solitaire. Over it, there still roam scattered representatives of the big game family. Mountain sheep are fairly plentiful, while deer, elk, bear, mountain lion and coyote are occasionally seen. Scattered here and there over the park are ponds and dams, the home of those primitive builders—the beavers.

Albert Bierstadt spent months in this scenic realm sketching and dreaming. Helen Hunt, Anna Dickinson and many other writers and artists have visited it and praised it in print. Chapin's "Mountaineer in Colorado" is devoted entirely to this section. In this region are several miles of the most rugged portion of the Continental Divide of the Rockies, and rising as the dominating point of all is Long's Peak. This peak is a perpetual challenge to those who go up to the sky on mountains, few peaks require more effort from the climber, and few, indeed, reward him with so far-spreading and magnificent a view. Long's Peak is one of the landmarks from Denver. Looking north on Seventeenth Street it rises majestically in the background like scenery set for one of Nature's plays. On its side near the summit may be plainly seen a great snow cross fairly constant throughout the year.

Estes Park has an almost ideal summer climate, and this with the variety of the lovely and the wild make it a natural park and an exceptionally good place for rest and recreation.

# Brother Bill's Letters



*My Dear Brother Bill:* Your method of practice building and securing increased fees (*i. e.*, clean office, aseptic linen, sterilized instruments and a fine, conscientious technic) is all very good. But may I ask is there no other factor in the system, no way by which you can show us the attracting power to this model office where the public may appreciate its efficiency?

I feel that the question occupying the mind of the reputable dentist is "How and by what means can I best obtain patronage?"

The dentist who strives to follow the ethics of his profession has to combat not only the ignorance of the public on subject of first-class work in dentistry, but the wholesale advertising and the dishonest methods followed by the men of his profession who are willingly doing a poor grade of work, or the incompetent ones.

You had a foundation on which to build your increase of fees, having been in practice some time. Increasing your fees gave your competitors an advantage. To overcome this apparent advantage you must have had a method to draw patronage. What was it? Advertising by newspaper columns, cards, church work, society flitting or what? Kindly tell us "Bill." I think the profession would be glad to know how you did it.

Respectfully,

W. G. F., D.D.S.

*My Dear Doctor:* Yes, indeed, doctor, there is another factor in practice building besides the furnishings and the technic. It's the same element that starts everything from a frolic to a fight. The same element that determines the success or failure of everything from a peanut stand to the Steel Trust. It's the MAN.

The furnishing and technic don't mean anything by themselves. They can't draw or hold patients. They are merely the trappings, the possessions of the man who has them, who uses them and whose work they aid.

Office furnishings are to the practice what clothes are to the dentist himself. It pays to have good clothes and enough of them. They make a first impression too valuable to be neglected. They might even get a man a job. But, after the ice is broken it takes more than clothes

to hold a good job. It takes intelligent, effective, continued action. And intelligent, effective, continued action is the expression of only one kind of human thing—a well-trained, forceful mind in a well-cared-for body.

In the years that are gone I've seen all sorts of men work all degrees of success under nearly every form of favor and opposition. Some of these men have been learned in books: some have been ignorant. Some have been clean of hands and hearts and clothes: some have been just the opposite. Some have won under the favor of smiling Fortune. And some have stood Opposition up against the wall and battered it until it yielded what they wanted.

When I was small, my mother told me that a cat, when dropped, always landed on its feet. A few experiments with the family cat proved that she could land on her feet from any height my small arms could reach. So I took her up to the second story window and dropped her out. Before the maternal hand yanked me away, I made sure that she landed on her feet. That was clinical evidence that I never forgot.

As I have studied men, I have come to this conclusion: that the successful man has the knack of "lighting on his feet." Fortune may trip him up. He may lose every material asset; but when you look to see him fail, you find him on his feet and beginning to fight anew.

Take my friends Harry and Susie M——; not much to look at, either of them. He was tall and skinny and looked weak physically. She was his little, fat, freckled-faced sister. They had limited schooling. About the time I located there their father made a failure of the little shoe business he owned, and went to fooling with horses. Harry was just through common school.

One day I saw from my window a new sign on the street. It proved to be a big muslin sign, "M——'s Shoe Store," and a lot of talk about shoes. I knew M——, Sr. was somewhere about the livery stable, so I went over to the store. Harry had persuaded the shoe and hat salesman who owned the unpaid for stock not to take it away till he had a chance with it. He had boarded off the back of the room to make it smaller, and had arranged his tiny stock to good advantage. It looked to me like a mighty slim start, but when I looked at the smiling blue eyes of the boy I knew they spelled Success. The success wasn't on the shelves or in the boxes, but in the head that crowned the thin form before me. And little Susie, picking up the scraps of paper from the floor, saw the future through her brother's eyes.

I lost track of them for awhile, in earning my own living. But one day Harry came in for some dental work and invited me over. They had moved the board partition back and had a much larger stock.

How they ever got trade I don't know, because within two hundred yards were three stores with every advantage but one—in Harry's store there was a MAN. And the only way to beat a real MAN is to kill him.

Susie left school and filled one end of a counter with a line of ready made skirts. I couldn't see why anyone should buy them, but she sold them and added other things. She learned something about millinery, and put in a line of women's hats. Even yet the other stores didn't see what was happening. They only saw the stock so much inferior to their own in every way. But, bless you, a stock of goods doesn't make a store. I'd rather start with a push cart in the gutter and a real MAN, than a whole department store without the man.

By this time Harry had improved the quality of his stock and I was an occasional patron. I liked to go there because I got such courteous, willing service. No effort was too great that enabled them to meet a possible customer's wants.

The store grew and added lines, men's furnishings, suits, etc. The other store-keepers complained of dull times. And then something happened. The largest store in the town announced a closing-out sale and went out of business. It had a splendid location. The ink was scarcely dry on the announcement, when Harry had closed a lease for the store. I thought he had overstepped himself and invited ruin. But to-day he dominates the store business in his lines in the town.

Did he win by favoritism of Fortune? No, indeed. In that feeble body dwelt a MAN'S spirit. He knew what to do *and knew he could do it.*

Dentistry has many Harry M——'s. Sometimes they're college bred: sometimes they're not. Sometimes they've kept up with the advance; sometimes not. Sometimes their offices are spick and span, well-furnished and equipped; sometimes they're scantily furnished and dirty. But in every case they make on patients that impress which only a MAN can make. And often enough they draw patients up dark stairs to ill-kept offices. Because, in all the world of competition, nothing else so seizes and holds people as a MAN.

Offices and furnishings and technic are not animate things. They are the puppets of whoever seizes them, to be set up and knocked down at will. In the hands of a mere order-taker they are attractive but not effective, like pictures admired by those who chance to see. But put a real live MAN among them and people will be brought in to see. The more of good furnishings they see, the better they are pleased; but the main factor will be the man who makes alive each of the trappings about him.

Abler pens than mine have sought to explain what it is that distinguishes a MAN from the other bipeds that look so much like him. I've worked out a few home-made ideas on the subject that may help answer your question.

The first characteristic of a MAN is that *he knows he knows and that he can do*. That is different from merely knowing a thing. Anybody may do that and be but little better off for it. But to know that you know, to feel within yourself the confidence and strength that comes from knowing that you can do something useful—that is entirely different.

As nearly as I can figure it out, three qualities at least underlie success. They are imagination, will power and integrity. Imagination is one of the greatest business building characteristics in the world. It paints success pictures on the canvass of the mind, even when failure threatens from every side. It pieces out the scanty meal with pictures of plenty that is to come. It flavors the crust of present privation with the sauces of future success. It spurs the Will till their combined effort is Ambition and unconquerable grit and industry. It tells a man what to do because he studies the picture of himself as already successful, and does the thing the pictured man does.

Imagination alone makes a man ineffective, a mere dreamer. Will power alone often guides action but poorly. And a dishonest man is not a real success no matter what fruit he gathers. But Imagination, Will and Honesty make a combination that only sickness or death can beat.

The trick is to make folks know that you know. Here's where my definition making power ends, because I can't tell how any soul shall make itself recognized by another soul. But men do it. Some in rough ways, some in gentle, some abruptly, some more slowly, but always and everywhere so projecting themselves above the dead level of those about them that they are noticed and felt and believed in.

I believe almost any normal soul may rouse itself and grow into real MANHOOD. Most of us live our lives in bondage to others. We think and do and say the things that are accepted as proper. But every once in a while a strong soul comes to itself. It throws off the shackles of "accepted things" and gives expression to its own natural voice. It carries its message to others in its own way. And after a time the message finds hearers and wins them.

Yes, indeed, Doctor F——, there is something necessary besides the furnishings and the technic. These are only the minor things. The real thing, the dominant factor, is the MAN who will use them.

Your competition isn't with prices, or furnishings or advertising—

it's with men, other men who seek hearing and confidence, and furnishings and advertising are only part of the means they are using.

I can't tell you what is necessary to make you a real success. But I can tell you this—that it is something in yourself, rather than in your office. I am almost sure, from your letter, that you lack imagination. I don't believe you have a mind picture of yourself as a success. If you have such a picture dimly, strengthen it as a photographer does a weak negative. Study every detail; note how you look and speak and act in your success picture, how you bear yourself in public, how you meet and win people. And then do just that way.

Your soul has an outfit of its own, certain tentacles whereby you touch other people, whereby you make them acquainted with you.

You doubtless do some things naturally and well. You may sing or play or dance, or talk or take pictures, or teach a Sunday School class. It matters little so long as it is an avenue to the right sort of contact with the kind of people you want as patrons. Whatever it is, develop it. If you can't do any of these, learn to be an appreciative listener. Let folks talk to you about themselves and their interests, and smile and be interested. If you haven't a good memory, make a card index of people. Note the things you should remember about them. Look these notes up when you are likely to meet these people and refer to them. You can build a practice by this means alone, because most people prefer to talk about themselves rather than to listen to talk about others. And most people appreciate a good listener.

On every acquaintance you make your own impress as a MAN or as half a man or the sixteenth part of a man. And by this impress you win or lose. If your impress is so like that of everybody else as to be indistinguishable, you will win little. But if you make it individual, pleasing and tenacious, you will win, in proportion, against all opposition.

For the expression of the MAN is force. And of the wise man it is personal force, pleasingly applied.

*Bill*

P. S.—I believe that it is within the power of any one of us to develop himself into a *man*.



# PRACTICAL HINTS

**HEMOSTASIS WITHOUT MEDICATION.**—After carefully removing all blood-clot, and washing the wound, a pellet of cotton that has been strongly singed over a Bunsen flame is pressed over the wound, renewed once or twice,

and held in place either by maxillary pressure or a horizontal or vertical bandage.—PETIT, *Annales Dentaires* (From *The Dental Cosmos*).

**SOLDERING PASTE.**—A solution of waste sheet zinc cuttings in ordinary hydrochloric acid is diluted with an equal quantity of filtered water and ammonia solution added until the deposit is dissolved again. This zinc-chlorid-ammonia solution is mixed with thick starch paste, so that a mass of syrupy consistence is obtained, which can be advantageously used in soldering tin plate, iron, or brass.—BUR (from *The Dental Cosmos*).

**Annealing Steel.**—Heat the steel to a red heat, and let it lie a few minutes until nearly black hot, then throw it into soap suds. Steel annealed in this way is softer than when allowed to slowly cool in the ashes of the forge.—*The Dental Brief*.

**IMPRESSION TRAYS, TO KEEP CLEAN.**—C. V. Campbell, Columbus, Neb., recommends steel wool No. 2 for removing the plaster, wax, etc., from impression trays, and No. 0 for giving them a fine polish. They will always look new.—*Dental Cosmos*, April, 1910.

**SEPARATING FLUID.**—Paraffin dissolved in gasoline to a saturated solution makes an ideal separating fluid. It leaves only a thin coating of paraffin on the impression, and it breaks away from the model easily, clean and smooth.—DR. A. P. KILBOURNE, Stewartstown, Pa., *Dental Summary*, April, 1910 (*The Dental Brief*).

**HOW TO OVERCOME THE BRITTLENESS OF GOLD IN CASTING.**—If gold other than pure be used in casting, it will be found to be brittle. This may be overcome by plunging the gold into a saturated solution of salt water, drying over a flame and melting and casting as usual. The

salt water acts as a flux and will overcome the brittleness, which is the objection to scrap gold in bridge work.—C. S. STARKWEATHER, *Dental Summary* (From *The Dental Cosmos*).

#### REMOVING WAX IMPRESSIONS FOR INLAYS WITHOUT DISTORTION.

—The knotted end of a stout silk thread is embedded in a small pellet of wax. After warming, this wax is compressed in the cavity with burnishers, care being taken to keep the thread in the center of the impression. After the wax model is completely built up and contoured, it is allowed to harden. A slight pull on the thread will remove the wax model from the cavity with a minimum of distortion.—H. LEGERDOREZ, *Laboratoire et Progrès Dentaire* (From *The Dental Cosmos*).

HOW TO HASTEN THE SHEDDING OF DECIDUOUS TEETH.—If for orthodontic treatment the removal of very loose deciduous teeth which are only retained by a tough ligament is desirable, and the child is too fretful to allow the extraction with forceps or even pincers, a very small and thin rubber ring slipped over the tooth gives a certain and quick result. The contracting rubber ring gradually slips down on the conically shaped crown of the deciduous tooth, and quickly causes the ligaments, which are the only hold of the loose tooth, to atrophy.—KOERBITZ, *Zeitschrift fuer Zahnaerztliche Orthopaedie* (*The Dental Cosmos*).

MAKING WAX MODEL FOR INLAYS IN DEEP CAVITIES.—Fit a thin band of German silver around the tooth, having it extend beyond the gingival border of the cavity. Soften the wax and trim so that it will lead into the cavity. Force the wax into the cavity and pack down with a flat ended burnisher. Remove the band and wax from the tooth and flow melted wax into impressions left by the instrument. Remove the band from the wax and place the wax in cavity and carve to occlusion and contour.—E. D. COOLIDGE, Chicago, *The Dental Review*.

CLEANING GLASS TUBES.—If glass tubes are used in saliva ejectors, a nice way to keep them clean and bright, and also create a good impression on one's patients is to partially immerse them in a 10 per cent. solution of hydrochloric acid, contained in a large mouthed jar with a glass cover.—CARL M. CAHILL, Chicago, *The Dental Review*.

REMOVING HARDENED CEMENT FROM SLAB OR SPATULA.—Cement that has become hardened and firmly attached to a slab or spatula may be easily removed by using ammonia water.—CARL M. CAHILL, Chicago, *The Dental Review*.



## ETIOLOGY AND DIAGNOSIS OF FACIAL NEURALGIA\*

BY ALBERT L. MIDGLEY, D.M.D., PROVIDENCE, R. I.

### DENTAL CAVITIES AND PULPITIS

\* \* \* \* \*

THE most common causes of facial neuralgia by far, are dental caries and simple pulpitis with its resulting decomposition and consequent abscess formation. They are the sources of pain so frequently that they should be thought of at the outset and given earnest attention. They are generally easily recognized, however; their pathology is very well known to you, and a differential diagnosis is not difficult. For these reasons we will not underestimate the prominence they require if we but say that we should bear them seriously in mind in reaching a diagnosis.

### HYPERCEMENTOSIS

Hypercementosis, which is very difficult to diagnose even with radiography to assist us, is a cause of very severe neuralgia. Since the only treatment is extraction of the offending tooth, it is highly important that we recognize this condition early in order that our patients may not suffer unnecessarily while we are trying to save a tooth with a supposed simple pulpitis.

I wish to quote here from the writings of Dr. Geo. A. Maxfield, of Holyoke, Mass., whose research work on this subject was of material assistance to the author, and with which you are no doubt already familiar. Dr. Maxfield says: "In considering the etiology of hypercementosis we find that it results from various causes, viz.: irritation of the pulp, slight irritation at the gum margin, excess of function, loss of antagonist, crowded condition of the arch, injury of the alveolus during extraction or in other ways, and violence." He also states that hypercementosis can only occur during the life of the pulp. Some claim also

\* Read before the Central Dental Association of Northern New Jersey, at Newark, October 18, 1909.

that the irritation of a dento-alveolar abscess may be the cause of the growth.

Since there is no enlargement of tissues surrounding the affected tooth to direct our decision, hypercementosis can only be determined by the history, symptoms and radiography. The radiography aids us in many instances, but where the growth is slight, and slight hypercementosis may be the cause of a very severe neuralgia, we may be unable to see it in the radiograph.

The symptoms closely resemble those of pulp irritation. The character of the pain, which may be constant or intermittent and vary from slight to severe and paroxysmal, is of extreme value in reaching a diagnosis. The patient can often localize the pain, although the painful area may include several teeth. Dr. Maxfield further states: "Hypercementosis may be the cause of sympathetic pain or disturbances localized in other organs, which themselves are free from any local disturbing influences."

By a thorough study of the history, probable causes, character of the pain, and the condition of the teeth with models and radiographs, and with the thought always in mind that such a condition may exist, a diagnosis should be correctly made.

#### MALPOSED, SUPERNUMERARY AND UNERUPTED TEETH

Second to caries and pulpitis as causative factors in the production of pain are malposed, supernumerary and unerupted teeth. Radiography is of especial value to help us in diagnosing these conditions not only in the difficult and obscure types, but also in easily discovered cases. It not only insures a positive opinion, but also governs our operative technique, doing away with unnecessary removal of tissue and preventing possible injury and disfigurement.

We find the third molars, notably the inferior, so frequently the cause of a persistent, undefined neuralgia that it is always well to suspect them when unerupted, or when partially erupted, and to resort to radiography for a confirmation of our suspicions.

With ankylosis, swelling and pain present and no history of violence and none of the teeth sensitive upon percussion, we may mistrust the third molar. In some of these cases an absolute diagnosis may be made by the probe or a sharp chisel under cocaine anesthesia. In those doubtful and more complicated cases, however, where there is normal mobility of the jaws and no swelling, but a continuous, dull, throbbing pain in the masseter region or even in either the ante- or post-auricular, the frontal, or supra- or infra-orbital areas, the necessity of radiography to verify our opinion is easily understood.

In connection with this particular cause of pain, we should not forget that old roots may be covered by the gums, where teeth have been partially extracted and apparently missing, and that broken broaches and imperfect root and crown fillings may be discovered with a skia-graph. It may be of value to add that the author has found campho-phenique with orthoform very efficient agents in the post-operative treatment of impacted third molars, or in any other case where the bone has been denuded of periosteum or where pieces of bone have been broken and removed in extraction.

The two following cases have been previously reported, but since they are quite interesting, I ask your indulgence and take the liberty of presenting them for your consideration.

The first case was that of a boy eighteen years of age whose condition and symptoms closely simulated an impacted or unerupted inferior third molar.

#### FRACTURES OF THE MAXILLARY BONES

Violence is the usual cause in fractures of the maxillary bones, and in rare cases necrosis of some form may be the predisposing influence. Symptoms to aid us in diagnosis are immobility or impaired function of the jaws, loss of occlusion, crepitus, swelling, pain, drooling and foul odor. Fractures of the body and angle of the mandible, and of the alveolar process of the superior maxilla present little or no difficulty in locating, but those situated in other parts of these bones, especially those in the ramus and neck of the condyle of the mandible and palatal and other processes of the superior maxilla are more difficult to find. Wherever the fracture is located, modern surgery demands a radiograph, not only that we may know the position of fragments and exact line of fracture, but also whether the fracture is single or multiple.

#### NECROSIS AND CARIES OF BONE

Necrosis and caries of bone are comparatively frequent causes of pain, and deserve due thought in our search for the cause of pain. The most common diseases from which necrosis or caries may follow, are abscessed and malposed teeth, syphilis, tuberculosis, traumatism, benign and malignant tumors, chemical poisoning from arsenic, mercury, lead and phosphorus, the various local forms of stomatitis—ulcerative, gangrenous, aphthous and thrush—and the oral lesions associated with the infectious diseases of childhood.

The history, probe, foul typical odor and radiography lead to a positive diagnosis. Before an operation is attempted a radiograph should

be made that we may not be at fault in needlessly removing unerupted teeth or any unnecessary amount of soft or hard tissue. This slide shows the advantages of having a radiograph to study and to guide us in our operative technique (slide shown).

#### TIC-DOULOUREUX

An uncommon but exceedingly serious and severe form of neuralgia is tic-douloureux. In studying this disease I believe we should reach a diagnosis by exclusion, for in this manner the welfare and interests of our patient are best served. A minor operation generally affords only temporary relief and a major operation, unless performed by an expert in brain surgery, has a high mortality.

The most common characteristic symptom is paroxysmal pain, and a typical contortion of the muscles of the face while this is in progress, which is not found in any other disease of the mouth, face or jaws. Although the pain may be localized in any one of the three branches of the fifth nerve at times, it usually predominates in one particular branch. Aside from this violent and intense pain there is a marked absence of the cardinal symptoms of inflammation. Pain may be present in one tooth on one day, and in another on the next and so on. The tooth is sensitive to cold and sore on percussion, and the patient feels absolutely certain that this tooth is the real cause. Extraction, however, affords only temporary relief, for we soon have a similar condition to contend with in another tooth in the same region.

In diagnosing by exclusion, we should eliminate imperfect fillings, carious teeth, pyorrhea alveolaris, pulpitis and its sequelæ, pulp-stones, malposed and supernumerary teeth, hypercementosis, roots not visible to the naked eye, foreign bodies, fractures, dislocations, maxillary sinusitis, stones in the salivary glands or ducts, benign and malignant growths, dentigerous cysts, sympathetic pain, reflex neuralgia from local or general causes—particularly in neuropathic patients—and the simple and infectious forms of stomatitis from both local and systemic conditions. We should also consider very carefully a suspicious history, especially syphilis, and always bear in mind, before rejecting any or all of these causes, to make use of appliances and apparatus that materially aid us and which modern medicine demands that we use.

#### STONE IN THE SALIVARY GLANDS OR DUCTS

Stone in the salivary glands or ducts should be considered as a source of pain. Swelling and pain in the gland or in the region about the

duct, with possibly the flow of saliva diminished or absent, warrants us in suspecting this condition.

Diagnosis by exclusion, radiography and incision, and the passing of a probe will often lead to an accurate diagnosis.

**DEFORMITIES**

Deformities both acquired and congenital are very seldom the cause of pain, yet they may be, and should be thought of by the observing dentist.

**INFECTIOUS DISEASE AND STOMATITIS**

Benign and malignant growth and the oral lesions of the simple and infectious forms of stomatitis, both from local and systemic causes, are very often found to be the etiological factors in the production of pain. Syphilitic gumma may closely resemble a malignant growth, and it is here urged that we deliberate well upon the resemblance of the two, and consider a syphilitic history before forming an opinion that we may not err in advising the removal of tissue that would yield to treatment under mercury and iodide of potash.—*Items of Interest.*

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**MILLIONS GIVEN TO PROVIDE FREE DENTISTRY FOR CHILDREN**

As a philanthropy never before attempted in any American metropolis, Thomas A. Forsyth, a Boston multi-millionaire, will give the sum of \$2,000,000 for the care of the teeth of Boston school children.

As a perpetual foundation by which every child in the Massachusetts capital from birth to the age of 16 years may receive the most expert dental services free of charge, this donation will prove a boon to thousands of school children who otherwise would never have this care.

The \$2,000,000, with a part of which will be erected a building equipped with every modern apparatus known to the dentist's art, and manned by a corps of the best dentists in the Commonwealth, has been set aside by the Boston man, and only the passage of a bill petitioning for the incorporation of his idea by the State Legislature stands between the plan and its immediate realization.

## ON A GIGANTIC SCALE

On a scale so large that every private benefaction yet attempted by Boston men is completely overshadowed, this proposed dental infirmary will be the most unique institution of its kind in the country.

On the simple principle that thousands of school children are handicapped for life by neglect of one of the most important duties which devolve upon parents, the dental school has been conceived.

For years physicians, school teachers and those who come in contact with children have lamented the conditions which allow children to grow up neglecting the care of their teeth. Misinformation on the subject or ignorance and carelessness, coupled in many instances with poverty, have, according to students of the problem, hitherto been responsible for these conditions.

The Forsyth Dental Infirmary, the name given to the new institution, will be located on Hemenway street, opposite Bryant street, in the Back Bay, where several thousand feet of land has been purchased. On this land will be erected the dental college. Every kind of apparatus known to dentistry will equip the building. Reception rooms, dozens of individual workrooms, baths, dental clinic rooms, a lecture room and offices for the consulting dentists and officers will be included in the building. A library containing every treatise on dentistry and a corps of library assistants in charge of a cataloguing system will be furnished and records kept of every child treated.

For the establishment of this institution, so gigantic that over 100,000 school children will be eligible for free treatment at all times during the year, the fund of \$2,000,000 has been given by Mr. Forsyth. No restrictions are placed upon this fund other than those outlined by the corporation which will have charge of the enterprise. A board of directors composed of some of the greatest dental surgeons and physicians in New England will have control of the management of the institution, and several of Boston's foremost dentists are named among the incorporators in the bill now before the Legislature.

## NO RED TAPE ENTAILED

The only condition imposed on little patients who apply at the infirmary for treatment is that they shall need treatment. It is not the plan of the founder to make children subjects for experiments by young dental students. The sole aim of the infirmary is the constant care of the teeth of the children of Boston up to an age when they are old

enough and well informed enough to take an interest in the matter themselves.

As soon as the bill before the Legislature is disposed of work will commence. Plans have already been submitted for the building and the site for it purchased. According to Mr. Forsyth, in a few months the enterprise will be well under way.—*The Boston Sunday Post*, March 13, 1910.

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#### DENTISTRY AND MEDICINE

EVIDENCE is multiplying to the effect that dentistry and medicine are becoming more firmly associated, and that dentistry will eventually be recognized as a branch of the medical practice, as it is in fact. Even now, a dental course requires a knowledge of the anatomy, physiology, and pathology of the entire organism, and in some dental schools conducted in connection with medical schools, the courses have still more in common. Probably more will be incorporated from the medical into the dental curriculum. In fact, a dentist must now know much more about the practice of medicine than the physician knows about the practice of dentistry. In other words, dentistry is fast taking up the character of a medical specialty, the same as ophthalmology, gynecology, and the like. That it is taught in a separate school is perhaps an advantage, provided the instructors realize the importance of increasing the instruction in general medical lines—not with a view to the transformation of the dentist into a general practitioner, but to enable him to render greater service in that great field, the influence of dental and oral pathology on the general health, and conversely, the influence of the general health on mouth conditions.

Hospitals are beginning to provide on the consultation staff a skilled dentist. The *Boston Medical and Surgical Journal*, commenting on this fact, says, editorially:

"As our knowledge of the mouth cavity has grown, and of the relation of the teeth to the important fifth nerve in neuralgia and allied conditions, as well as the significance of the mouth as a port of entry of various pathogenic bacteria, it has become evident that to ignore the teeth and their condition leaves a definite gap in the diagnosis of many conditions. There is evidence on every hand of the closer approach of dentistry to medicine in general, and of the recognition grudgingly given in certain quarters that dentistry is, properly speaking, a special branch of medicine."

*Life and Health*, April, 1910.

**AN EXCELLENT METHOD OF ADAPTING PORCELAIN CROWNS**

BY GEO. H. MENGEI, D.D.S., EL PASO, TEXAS

After reading Dr. J. G. Lane's article, "Crowns" in February DENTAL DIGEST, I want to tell about a method to set a Logan or Twentieth Century crown, which, in my opinion, will give the best possible joint obtainable.

I saw this method demonstrated at Columbus, Ohio, at a clinic of The Ohio State Dental Society, but have never seen it in print. Select crown, apply rubber dam, ligate root. Place well up on root any one of Ivory's cervical clamps indicated; this will give a clean field in which to work and hold the free margin of gum up so the joint will be invisible and protected by gum after it resumes its normal position. Trim end of root concave following line of gum; ream root canal; take small piece of thin articulating paper large enough to cover end of root, punch hole in paper and place paper on end of root or over crown, then press crown to place; remove crown, grind crown where indicated, repeat until crown fits thoroughly. Wet end of root, take small flat piece of temporary stopping with hole punched in center, place on crown, heat, replace crown on root, press in place, remove; this gives an impression of the circumference of root. Then grind away overhanging temporary stopping and porcelain to line indicating circumference of the root. Repeat until you have a perfect joint. This method will obviate a wide cement joint and an overhanging edge of porcelain.

I want to thank you for the many good things I find in your magazine. I enjoy reading it and telling my friends about Brother Bill.

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**ROCHESTER DENTAL SOCIETY**

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The Board of Directors of the Rochester Dental Society were inexperienced in soliciting money for charitable purposes, and it was with considerable diffidence that they sent out a letter soliciting funds for support. As a result of their efforts they secured \$1,387.50; this was enough to maintain the work, but insufficient to increase its scope. With this money we operated on 1,700 children—less than 80 cents each! Where in the charities of Rochester will a dollar go so far and accomplish so much as here?—*Dental Dispensary Record*.

**REPORT AND RESULTS OF EXAMINING PUPILS** 471

# Dental Society's Report and Results of Examining Pupils

Following is the report and tabulation of results of the Hancock County Dental Society's examination of Findlay school children:

"The examination of the pupils of the schools of Findlay, made by the Hancock County Dental Society, as authorized by the Board of Education of the public schools, has been accomplished. The work was greatly facilitated by the courteous assistance so kindly given by Superintendent Smith and his corps of teachers, as well as by the teachers of the parochial school.

"We have examined 1,861 pupils in the public schools and 131 in the parochial school, making a total of 1,992 pupils, going over each examination blank, making a full detailed examination of each case, tabulating by grades in each building, also summarizing each building; the following report will show that practically 80 per cent. of the pupils of the schools are in need of either instructions in the use and care of the mouth, and teeth, or require actual dental services to render the oral cavity healthy and capable of performing its full physiological function. The school

system of the city offers the best opportunity to spread both knowledge and training in this direction and to show the great value of such care and attention from an economic stand-point.

Respectfully,

JACOB H. BOGER,  
Pres. Hancock Co. Dental Society.

J. D. ALTBENBERG, Secy.

Blgds.	Pupils Exam'd.	Condition of Mouth		Gums	Use of Floss	Dentifl	Teeth	Loss of Teeth	Per Decr.	Exposure of Erosion	Demerit	Absciss	Tooth	Per Decr.	Prefect	Number	Prefect	Cent	Per Cent	Defective	
		Good	Bad																		
Crawford . . . . .	233	94	91	177	56	151	32	115	118	61	172	77	156	333	36	230	350	21	60	8	1
Rutherford . . . . .	233	139	64	226	156	116	27	157	156	26	226	67	236	330	36	244	314	22	52	32	1
Taylor . . . . .	267	154	113	237	98	161	106	118	149	48	219	155	216	22	19	284	347	54	20	5	1
Central . . . . .	180	112	68	152	28	126	64	120	129	45	135	66	114	214	21	816	816	10	34	17	8
North . . . . .	153	70	52	129	51	61	22	127	127	26	127	51	127	21	21	216	216	17	9	20	1
South . . . . .	45	22	22	45	22	22	22	45	45	22	45	22	45	22	22	216	216	17	9	20	1
West . . . . .	146	117	88	138	8	110	86	113	133	58	88	82	111	104	18	92	92	11	5	3	2
Adams . . . . .	109	86	23	102	7	80	21	66	43	20	89	19	100	17	9	118	125	7	6	5	1
Dewberry . . . . .	57	42	15	40	17	31	26	10	47	6	51	16	42	6	3	39	88	4	10	1	6
Firmin . . . . .	60	29	31	31	24	19	41	6	54	2	58	14	46	2	3	52	99	7	9	3	2
Mckee . . . . .	134	58	60	125	9	44	56	15	119	63	81	122	78	78	7	122	163	7	24	12	4
Hill . . . . .	123	69	59	107	12	77	61	22	48	55	186	56	186	7	9	125	166	22	13	11	2
Total . . . . .	1861	1179	698	1663	258	1078	783	811	1060	350	1511	467	1534	639	189	1667	2278	666	221	62	7
St. Michael . . . . .	101	89	42	121	10	77	61	63	78	35	361	101	125	226	72	16	1	1	21	10	1

—Morning Republican, Findlay, Ohio, May 5, 1910.

ORAL hygiene workers will be interested in this report. While the percentage of children needing either service or instruction is not quite so high as in the Cleveland report, it is still very high.

In the words of Dr. Evans, "Our machinery for the discovery of defects is infinitely greater than our machinery for getting these defects rectified."

The editor of this magazine will be pleased to hear what The Hancock County Dental Society plans for rectifying these defects. Their thoroughness in discovery portends good methods for the future.

### ORAL HYGIENE

IN *The Medical Record* for May 7, 1910, there appears an editorial which we reproduce here:

In every civilized country of the world, it is now recognized that the care of the mouth and teeth is a very important factor of public health. In uncivilized countries teeth are good and to pay attention to oral hygiene would be a superfluous act, for sad to relate it is only in civilized lands that the reverse is the case, and the more highly civilized a country is the more frequently will the need of prophylaxis of the mouth be emphasized. All the leading nations of Europe have instituted measures for the care of the mouth and teeth, and the subject of oral hygiene is receiving attention in the elementary schools of European countries.

According to Public Health Reports, April 8th, a national campaign on oral hygiene is to be undertaken in this country. In fact, such a campaign was opened in Cleveland, Ohio, on March 10th, at which meeting, at the instance of President Taft, Passed Assistant Surgeon C. W. Wille of the Public Health and Marine Hospital Service was present in a representative capacity. Dr. Wille explained what the objects and methods of the campaign were, and pointed out that the State of Massachusetts was causing to be delivered popular lectures on dental hygiene and prophylaxis in some of the public schools. The City of New York maintains clinics for the care of the teeth of the children of the indigent poor, and the city of Rochester maintains one clinic, while some of the cities of New Jersey, Indiana, Illinois, Mississippi, Iowa, Minnesota, Georgia, and Washington have instituted dental examinations. Cleveland has shown herself particularly enthusiastic in the subject of oral hygiene and has instituted a system of school inspection, methods for treating teeth of poor children, and of instructing parents, teachers, and scholars by means of practical and illustrated talks in matters pertaining to dental hygiene. The plans pursued in Cleveland have been attended with a considerable amount of success, and under the auspices of the national association it is intended to follow a similar course in carrying this campaign into the various cities and States of the Union. The purpose of the campaign is to bring the importance of this subject fully and frankly before parents, educators, social workers, and philanthropists; to invite the public to an open discussion on oral hygiene, and to determine how best to further the popular movement for the better care of the mouth and teeth. New York City is not behind in this good work, and much is to be hoped for in the way of popular education from the Dental Hygiene Conference

and Exhibit which will begin on Thursday, April 14th. The exhibit will bring home to all who see it the necessity and advantage of caring for the mouth, and this will be emphasized in the evening conferences.

There is little doubt that good health is largely dependent upon the state of the mouth. In cases in which the mouth is in a foul condition, intestinal disturbance is sure to exist. The stomach acts on the mouth, and the mouth reacts on the stomach, and it may be definitely stated that a person whose mouth and teeth are in a bad condition will suffer from disorders of the digestion. Therefore, it is a question of public concern of much moment that the teeth of the rising generation should be in good order, and for this reason among others the national campaign on oral hygiene is to be highly commended.

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### THE DENTAL HYGIENE COUNCIL OF MASSACHUSETTS

#### Go Thou and Do Likewise

THIS council originated from committees appointed by the following societies: Harvard Dental Alumni Association, Harvard Odontological Society, American Academy of Dental Science, Metropolitan District of Massachusetts Dental Society, and Boston and Tufts Dental Alumni Association. The committees thus appointed formed the "Dental Hygiene Council of Boston," and the first meeting was held December 23, 1907. In June, 1908, the council was enlarged by members appointed by the Massachusetts Dental Society. Its name was then changed to "The Dental Hygiene Council of Massachusetts," and it consisted of twelve members.

The objects of the council can be stated under the following heads:

- (a) Publication and distribution of literature on oral and dental hygiene.
- (b) Urging the work of examination of teeth of school children.
- (c) Giving advice to educators and others as to practical methods of promoting dental hygiene.
- (d) Assisting in the formation of dental dispensaries, where dental services can be had at a nominal cost.
- (e) Establishing lists of young practitioners who are willing to work within the means of persons of small wages.
- (f) Calling attention to the way in which the condition of the teeth enters into the problem of the general health and physical development of the community.—W. H. POTTER in *Dental Brief* (From *The Western Dental Journal*).

## NEW ARMY DENTAL CORPS BILL.

6<sup>th</sup> CONGRESS, 2<sup>d</sup> SESSION. H. R. 23097.

IN THE HOUSE OF REPRESENTATIVES

MARCH 16, 1910

MR. WILEY introduced the following bill; which was referred to the Committee on Military Affairs and ordered to be printed:

## A BILL

To improve the status and efficiency of dental surgeons in the United States Army.

1     *Be it enacted by the Senate and House of Representatives of the 2 United States of America in Congress assembled,* That for the pur- 3 pose of securing an efficient dental service in the army there should 4 be attached to the Medical Department a dental corps, which shall 5 be composed of dental surgeons and acting dental surgeons, the total 6 number of which shall not exceed the proportion of one to each 7 thousand of actual enlisted strength of the army; that the number 8 of dental surgeons shall not exceed sixty, and the number of acting 9 dental surgeons shall be such as may, from time to time, be author- 10 ized by law in accordance with the needs of the service.

1     SEC. 2. That all original appointments to the dental corps shall 2 be as acting dental surgeons, who shall have the same official status, 3 pay, and allowances as the contract dental surgeons now authorized 4 by law.

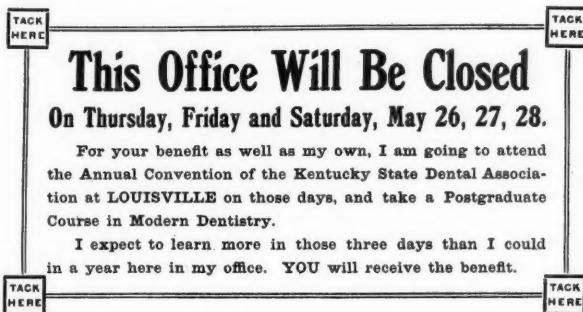
1     SEC. 3. That acting dental surgeons who have served three 2 years in a manner satisfactory to the Surgeon-General of the Army 3 shall be eligible for appointment as dental surgeons, and, after pass- 4 ing in a satisfactory manner an examination which may be prescribed 5 by the Surgeon-General, may be commissioned with the rank of first 6 lieutenant in the dental corps to fill the vacancies existing therein. 7 Officers of the dental corps shall have rank in such corps according 8 to date of their commissions therein and shall rank next below officers 9 of the Medical Reserve Corps. Their right to command shall be 10 limited to the dental corps, and they shall be entitled to the respect 11 and obedience of all enlisted men.

1     SEC. 4. That the pay and allowances of dental surgeons shall be 2 those of first lieutenants not mounted, including the right to retire- 3 ment on account of age or disability, as in the case of other officers: 4 *Provided*, That the time served by dental surgeons as acting dental

5 or contract dental surgeons shall be reckoned in computing the increased service pay of such as are commissioned under this Act.

1 SEC. 5. That the appointees as acting dental surgeons must be 2 citizens of the United States between twenty-two and thirty years of 3 age, graduates of a standard dental college, of good moral character 4 and good professional education, and they shall be required to pass 5 the usual physical examination required for appointment in the 6 Medical Corps, and a professional examination which shall include 7 tests of skill in practical dentistry and of proficiency in the usual 8 subjects of a standard dental college course: *Provided*, That the 9 dental surgeons attached to the Medical Department at the time of 10 the passage of this Act may be eligible for appointment as first lieutenants, dental corps, without limitation as to age: *And provided* 12 *further*, That the professional examinations for such appointment 13 may be waived in the case of dental surgeons in the service at the 14 time of the passage of this Act whose efficiency reports and entrance 15 examinations are satisfactory to the Surgeon-General.

1 SEC. 6. That the Surgeon-General of the Army is authorized to 2 appoint boards of examiners to conduct the examinations herein pre- 3 scribed, one of whom shall be a surgeon in the army and two of 4 whom shall be selected by the Surgeon-General from the com- 5 misioned dental surgeons in the corps.—*Items of Interest.*



There came to the editor's desk the program for the Kentucky State Dental Association Meeting at Louisville. With it came a card 6 x 3½ inches, like the etching shown above. It is presumed that one of these was sent to each dentist to tack on his door. It is a shrewd move. The Society is to be congratulated on beginning a custom which might well become common.

## CORRESPONDENCE

## AN OPEN LETTER TO ELBERT HUBBARD

TUPPER LAKE, N. Y., May 6, 1910.

*Editor DENTAL DIGEST,*  
New York, N. Y.

DEAR SIR: As I had no opportunity to know anything about the discussion carried on by Elbert Hubbard and some gentlemen of our profession who delight in styling themselves "ethical," I read the reprints in your May issue with absorbing interest. Not only does Mr. Hubbard's criticism make us wince, as in your editorial comment you suppose it will, it also strongly impresses us with its lack of truth.

Men who happen to make a success in the world gradually acquire the habit of believing in the infallibility of their utterances; they so far believe in their superior judgment that they lose all decency and begin to "think aloud" every senseless thought that strikes their heated imagination and which results from wounded vanity. Being anxious to impress their "superior" ideas upon the world they not only "think aloud" and call their prattle literature, as Mr. Hubbard does; but they make such a crashing noise that it drowns every other sound and gives honest folks a headache. And thus some jingoism might extensively be reduced if the esteemed Dr. Kirk were to reduce the type in his editorials, and have them printed the way ordinary folks do. Of course there would not be so much noise about it, but they would nevertheless prove as startling as ever.

"Literature," says Hubbard, "is a confession, and all good writing—like mine and Bill Reedy's—is thinking aloud." Let me say at the outset, that I can not take Mr. Hubbard's confessions too seriously. Probably I misunderstand him. But, as he expresses himself elsewhere, all great men are misunderstood, ergo—it only adds to his greatness.

I regard his interpretation of the word "mistress" in Dr. Voelker's letter as deliberate hypocrisy. He knows well enough how Dr. Voelker intended that word to be defined.

Mr. Hubbard deliberately twisted the application Voelker makes of the word "mistress." Voelker did not mean the society to which he belongs; he meant Dentistry, as is most apparent from the text of his letter.

I desire to state, that while I do not belong to any dental society, and am not bound to observe any written code of ethics, I yet realize

that there are certain professional, ethical rules, aside and distinct from general ethics, to abide by,—the most paramount being the rule to refrain from advertising, from extolling virtues which are the common property of all, most of the time. I believe that Mr. Hubbard is aware that this rule is not merely a dogma but is a most rational result derived from a multitude of transgressions. The public is not any wiser now than it ever has been, at least in as far as dentistry is concerned, and one does not necessarily need to produce the goods. It is no uncommon occurrence to see the patient call for the inferior article.

We do not dispense merchandise; we sell the patients our services, and he can not have his way about it either. In ninety-nine cases out of a hundred he does not know what is good for him.

I charge Mr. Hubbard with insincerity when he innocently assumes that Voelker brands him as a charlatan because he, too, advertises. This could only mislead the fools; and if these be his support it certainly is not worth the effort of such a great man.

Mr. Hubbard can advertise all he wishes, and he would not come out any the worse for it. But if I advertise I will surely lose the esteem of the refined and the cultured, upon whom, by the way, rests the burden of carrying on a propaganda of progress among the great majority of the uncouth and the vulgar. I would lose the esteem of my professional brethren, which I value most, for they know best.

I desire to remind Mr. Hubbard that his relations between himself and his butcher, and between himself and his dentist are quite distinct and different, unless—unless his dentist were a butcher.

To advertise is not immoral, it is worse, it is indecent. And just as indecent to-day as it has ever been before.

But my surprise reaches its climax at his passionate outburst: "Who is Voelker and who is Ottolinguui, with their foreign names and accents?" It rings false, Mr. Hubbard. It seems utterly impossible that a man of your calibre should harbor prejudices against "foreign" names and foreign accents. In this particular, if it be true, you display a spirit which is much akin to that of the Interstate Dental Society. And you are shamming when you pretend that the above gentlemen attack your sanity. "Sanity" is the wrong word. Not your sanity but your honesty and sincerity,—which is worse.

Some day, when you are not so overwhelmed with your own bigness as to obstruct your own horizon, it will become clear to your distorted vision that Voelker and Ottolinguui are no yelping curs, and that Dr. X is far from being a St. Bernard by comparison. Not even his "alma pater" could force greatness upon him.

However, I must agree with Mr. Hubbard that the Interstate Dental

Society (and other dental societies) have pyorrhœa alveolaris. "It is old, stupid; it has lost its gimp, gamp, guimpe, and gumption." But there is no reason for despair; something better will soon take its place, and when all this "cosmic dust" has abated we will suddenly find ourselves in more ideal environments.

We are not in the least mistaken in regard to Mr. Hubbard's power for good or evil, and we are therefore very anxious to point out to him when he advocates a tendency which is most baneful and pernicious.

You are not infallible, Mr. Hubbard, you are subject to correction, and there is no cause to become indignant. If you have benefitted us we offer you our gratitude, but this is no reason why we should let you injure our cause. Every man in our profession could advertise the way Dr. X does regardless whether he can or can not produce the goods —the public would not be any the wiser in either case. By setting forth Dr. X as an example, you do our profession a great injustice.

A. E. BERYLSON, D.D.S.

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#### FOR EXPLANATION

*Editor DENTAL DIGEST:*

MR. A. came to my office with a practically sound tooth, save for a small amalgam filling in occlusal surface. The tooth was badly worn and very sensitive. I made an application of silver nitrate without results (4 days had elapsed and 3 applications had been made); I removed filling and with small bur went as near the pulp as he would allow; then I applied arsenic paste to devitalize—leaving same for 24 hours. I removed the pulp in an apparently painless manner, using the usual methods of sterilizing the canal. Placed mild treatment and sealed with gutta-percha, puncturing same with exit. In about four days he came back with a very sore and slightly elongated extruded tooth. I've used all known remedies to reduce inflammation without effect. Seven days have passed and there is soreness yet.

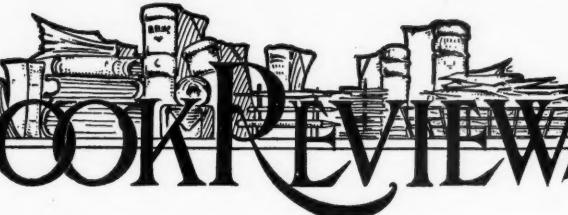
Was same due to the arsenic? If so, how would you advise me to treat it? If not the arsenic, what then, and what treatment?

Kindly insert this in THE DENTAL DIGEST. I am a steady reader of it.

Yours respectfully,

X. Y. Z.

# BOOK REVIEWS

The title "BOOK REVIEWS" is written in a large, stylized, serif font. Behind the text is a detailed black and white line drawing of various dental and medical instruments, including a dental chair, a microscope, a stethoscope, and several books, all arranged in a somewhat cluttered, artistic manner.

**PRIMER OF SANITATION.** By JOHN W. RITCHIE, Professor of Biology, College of William and Mary, Virginia. Illustrated. Cloth. List price, 50 cents; by mail, 60 cents. World Book Company, Yonkers-on-Hudson, New York, 1910.

Every dentist who wishes to help forward the campaign of public education in which so many of us are now engaged, should have on his office table a copy of "Ritchie's Primer of Sanitation." It will help both parents and children to a better understanding of many important diseases and the same methods of their prevention.

The text is very readable, and the illustrations make it very clear. The chapters are very short, are copiously illustrated, and their contents are summed up at the ends in few words. Any child who can read will be interested, and any adult spending five minutes with this book will be wiser for it.

It is just the kind of a book for the reception room table, and its low price places it within reach of all.

**FACTS ABOUT TEETH.** By DR. C. E. BERKSHIRE. Fairview Republican Print, Fairview, Okla.

Dr. C. E. Berkshire, Fairview, Okla., sends into this office a copy of a neat eight-page booklet entitled "Facts About Teeth," which he hands to patients. Perhaps the text of this little book is as well written as the space permits, but we believe that more information can be put into the same number of words. If the author will read Dr. Evans's articles in THE DENTAL DIGEST for May, June and July, he will get an idea of some additional arguments which he can use next time.

This little book is well printed, and is dignified. A heavier paper would doubtless have improved the appearance.

**A MENTAL MOUTH WASH.** The Roycrofters, East Aurora, Erie County, New York.

Dr. J. F. Conover of Calmar, Iowa, has formed the habit of spending his summers at East Aurora, New York, and somehow he has ac-

quired the invaluable art of writing what he means so plainly that everyone who reads may understand.

Pondering one day on the very close connection between health of the mouth and health of the body, he wrote this little book—"A Mental Mouth Wash," and he wrote it so plainly that any school boy may read and understand. Then he had it well printed and gives copies away judiciously.

This little book is professional and practical. You can find the author's name only on the copyright notice, and you cannot find his address anywhere.

Dentists who are thinking of getting out something of this sort, should secure a copy of "A Mental Mouth Wash."

And dentists who want to teach patients how to live might well have near the chair Dr. Conover's Ten Commandments of Right Living. They will serve as texts for many a helpful talk. And they will serve also as models for the dentist's own life.

Here they are:

1. Keep your mouth and teeth clean.
2. Chew your food thoroughly.
3. Do not eat too much.
4. Breathe deeply.
5. Exercise in the open air and sunshine.
6. Drink plenty of pure water.
7. Cut out the booze.
8. Get plenty of sleep.
9. Do not disparage your neighbors, unless you, yourself, are absolutely perfect.
10. Do some useful labor every day you live.

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#### SOCIETY AND OTHER NOTES

Officers of Societies are invited to make announcements here of meetings and other events of interest.

##### COLORADO.

The Fourteenth Annual Session of the National Dental Association will be held at Denver, Colo., July 19-22, 1910.

The National Association of Dental Faculties will meet at the Hotel Shirley, Denver, Colo., Monday, July 25, at 10 o'clock, A. M. The Executive Committee will meet to consider business of the Association at 9 o'clock A. M.

The Hotel Shirley is connected by bridge with the Savoy, where the Meeting of the National Association of Dental Examiners takes place on the same date.—B. HOLLY SMITH, *Chairman Executive Committee, N.A.D.F.*

May 21

**COLORADO (Cont.).**

The Twenty-eighth Annual Session of the National Association of Dental Examiners will be held at Denver, Colo., on Monday, August 1, 1910, commencing at 10 A.M.—CHARLES A. MEEKER, D.D.S., *Secretary and Treasurer*, 29 Fulton Street, Newark, N. J.

**MONTANA.**

The next meeting of the Montana State Board of Dental Examiners will be held at Harmony Hall, Helena, July 11, 12, and 13, or until the work is completed. For further information, blanks, etc., address D. J. WAIT, *Secretary*, Helena.

**NEW JERSEY.**

The New Jersey State Board of Registration and Examination in Dentistry will hold their semi-annual meeting for examining candidates for license in the Assembly Chamber of the State House at Trenton, N. J., July 5, 6, 7, 1910. Practical work July 5th, beginning at 8 A. M., theoretical written Examination 6th, 7th.

The Fortieth Annual Meeting of the New Jersey State Dental Society will convene in Asbury Park, N. J., at the "Casino," July 20, 21, 22, 23, 1910. Many fine and instructive papers will be read. Hotel Columbia will be the headquarters of the society.—CHARLES A. MEEKER, D.D.S., Newark, N. J.

**NEW MEXICO.**

The meeting of the New Mexico Board of Dental Examiners will be held at Las Vegas, July 14, 15, and 16, 1910.—M. J. MORAN, *Secretary*.

**NORTH CAROLINA.**

The Thirty-sixth Annual Meeting of the North Carolina Dental Society will be held at Wrightsville, July 13-16, 1910.—ARTHUR HYNES FLEMING, *Secretary*.

**SOUTH DAKOTA.**

The South Dakota State Board of Dental Examiners will hold its next regular meeting at Sioux Falls, S. Dak., July 6, 1910, beginning at 9 o'clock A. M., and continuing three days. All applications for examination, together with a fee of twenty-five dollars (\$25.00) must be in the hands of the Secretary by June 26th.—G. W. COLLINS, *Secretary*.

**VERMONT.**

A meeting of the Vermont Board of Dental Examiners for the examination of candidates will be held at Montpelier, Vt., July 5th, 6th and 7th, commencing at 2 o'clock P. M., at State House.—J. HOLMES JACKSON, *Secretary*, Burlington.

**VIRGINIA.**

The Forty-first Annual Meeting of the Virginia State Dental Association will be held at Staunton, August 3, 4, 5, 1910.—W. H. PEARSON, *Secretary*.

**WISCONSIN.**

The Fortieth Annual Meeting of the Wisconsin State Dental Society will be held at Ashland, July 12, 13, 14, and 15, 1910.—W. L. CHRISTENSEN, *Secretary*. There will be a meeting of the Wisconsin State Board of Dental Examiners, for the examination of applicants for registration, beginning Monday, June 20, 1910, at 9 A. M.

## NATIONAL DENTAL ASSOCIATION

DENVER, COLO., JULY 19-22, 1910

(Continued from June Issue)

## PRELIMINARY LITERARY PROGRAMME, NATIONAL DENTAL ASSOCIATION, AUDITORIUM

## SECTION I

*Chairman*—Geo. H. Wilson, Schofield Building, Cleveland, Ohio.*Vice-chairman*—Stanley L. Rich, Jackson Building, Nashville, Tenn.*Secretary*—B. Frank Gray, 1003 Security Building, Los Angeles, Cal.

Prosthetic Dentistry, Crown and Bridge Work, Orthodontia, Metallurgy, Chemistry, and allied subjects.

## ESSAYS

1. *The Laws Controlling the Behavior of Gold in Fusing and Casting.*  
By WESTON A. PRICE, Cleveland, Ohio.

Discussed by—

1. Clarence J. Grieves, Baltimore, Md.
2. Charles Channing Allen, Kansas City, Mo.
3. Thomas P. Hinman, Atlanta, Ga.
4. C. R. Baker, Davenport, Iowa.
5. Chas. L. Alexander, Charlotte, N. C.

2. *Anatomical and Esthetic Prosthesis.*

By J. LEON WILLIAMS, London, England.

Discussed by—

1. C. R. Turner, Philadelphia, Pa.
2. A. W. Starbuck, Denver, Colo.
3. B. J. Cigrand, Chicago, Ill.
4. E. S. Gaylord, New Haven, Conn.
5. N. S. Hoff, Ann Arbor, Mich.

3. *The Bleaching of Porcelain Fillings.*

By LEVITT E. CUSTER, Dayton, Ohio.

Discussed by—

1. Joseph Head, Philadelphia, Pa.
2. D. O. M. LeCron, St. Louis, Mo.
3. Craig M. Work, Ottumwa, Iowa.
4. H. C. Ferris, Brooklyn, N. Y.
5. J. Allen Smith, Colorado Springs, Colo.

4. *Deficient Development of the Deciduous Dental Arches and Its Treatment.*

By J. LOWE YOUNG, 571 Fifth Ave., New York City.

Discussed by—

1. Lloyd S. Lourie, 92 State St., Chicago, Ill.
2. Herbert A. Pullen, 722 Main St., Buffalo, N. Y.
3. S. H. Guilford, Philadelphia, Pa.
4. F. S. McKay, Colorado Springs, Colo.
5. Vietor H. Jackson, New York City.

## SECTION II

*Chairman*—L. L. Barber, 718 Spitzer Building, Toledo, Ohio.*Vice-chairman*—Frank L. Shaw, 624 Burke Building, Seattle, Wash.*Secretary*—F. L. Platt, Elkan-Gunst Building, San Francisco, Cal.

Operative Dentistry, Nomenclature, Literature, Dental Education and allied subjects.

1. *The Gold Inlay from the Standpoint of a Gold Filling Enthusiast.*

By J. V. CONZETT, Dubuque, Iowa.

Discussed by—

1. W. H. Taggart, Chicago, Ill.
2. Don M. Gallie, Chicago, Ill.
3. J. Q. Byram, Indianapolis, Ind.
4. Chas. W. Rodgers, Dorchester, Mass.
5. J. F. Wallace, Canton, Mo.

2. *Professional Opportunity.*

By CHARLES CHANNING ALLEN, Kansas City, Mo.

Discussed by—

1. Wm. Carr, New York City.
2. Thos. J. Barrett, Worcester, Mass.
3. V. E. Turner, Raleigh, N. C.
4. Chas. E. Jones, Chicago, Ill.
5. J. J. Wright, Milwaukee, Wis.

3. *The Metric System of Weights and Measures.*

By DAVID STERN, Cincinnati, Ohio.

Discussed by—

1. Wilbur F. Litch, Philadelphia, Pa.
2. John P. Buckley, Chicago, Ill.
3. Emory A. Bryant, Washington, D. C.
4. Edwin N. Kent, Brookline, Mass.

4. *Some of Our Difficulties and How to Correct Them.*

By JAMES G. SHARP, San Francisco, Cal.

Discussed by—

1. B. Holly Smith, Baltimore, Md.
2. A. J. Cottrell, Knoxville, Tenn.
3. J. Edward Chase, Ocala, Fla.
4. R. Boyd Bogle, Nashville, Tenn.
5. George R. Warner, Grand Junction, Colo.

5. *Preventative Dentistry for Children.*

By M. EVANGELINE JORDAN, Los Angeles, Cal.

Discussed by—

1. W. T. Jackman, Cleveland, Ohio.
2. Ray D. Robinson, Los Angeles, Cal.
3. Arthur C. Watson, Denver, Colo.
4. Garrett Newkirk, Pasadena, Cal.
5. Celia Rich, Nashville, Tenn.

### SECTION III.

*Chairman*—Wm. Carr, 35 West 46th St., New York City.

*Vice-chairman*—L. F. Luckie, Birmingham, Ala.

*Secretary*—Richard Summa, 410 Metropolitan Building, St. Louis, Mo.

Oral Surgery, Anatomy, Physiology, Histology, Pathology, Etiology, Hygiene, Prophylaxis, Materia Medica, and allied subjects.

1. *The Importance of a Correct Diagnosis Before the Therapeutics of Diseases of the Dental Pulp.*

By JOHN P. BUCKLEY, Chicago, Ill.

Discussed by—

1. Edward C. Kirk, Philadelphia, Pa.
2. A. H. Peek, Chicago, Ill.
3. F. G. Worthley, Kansas City, Mo.
4. John R. Callahan, Cincinnati, Ohio.
5. Frank L. Platt, San Francisco, Cal.

2. *Stomatitis.*

By G. V. I. BROWN, Milwaukee, Wis.

Discussed by—

1. J. D. Patterson, Kansas City, Mo.
2. L. G. Noel, Nashville, Tenn.
3. G. V. Black, Chicago, Ill.
4. W. H. DeFord, Des Moines, Iowa.
5. Thomas Edward Carmody, Denver, Colo.

3. *A Study of the Temporo-Mandibular articulation, cusp and approximal contact points.*

By MARTIN DEWEY, Kansas City, Mo.

Discussed by—

1. A. H. Thompson, Topeka, Kan.
2. Wm. Bebb, Los Angeles, Cal.
3. W. E. Walker, New Orleans, La.
4. F. C. Kemple, New York City.
5. L. P. Bethel, Columbus, Ohio.
6. H. A. Fynn, Denver, Colo.

4. *A Review of the Dental Hygiene Movement with suggestions for increasing its efficiency.*

By HERBERT L. WHEELER, New York City.

Discussed by—

1. Paul G. White, Boston, Mass.
2. Edward Everett Haverstick, St. Louis, Mo.
3. J. D. Towner, Memphis, Tenn.
4. W. A. White, Phelps, N. Y.

Wednesday, 8 P.M., July 20th, Open Session devoted to Oral Hygiene.

Address:

“*The Teeth and Health in Their Public Relations.*”

By W. A. EVANS, M. D., Commissioner of Health, Chicago, Ill.

Headquarters of the Association, Brown Palace Hotel. Rate—rooms without bath \$2.00 per day, with bath \$2.50 and \$3.00 per day. See official programme for information regarding other hotels, etc.

All sessions of the Association, clinics and exhibits will be held in the Auditorium.

Tourists railway rates are the best we are able to secure. Special train leaves Chicago over the Northwestern at 6 P. M., Saturday, July 16th.

BURTON LEE THORPE, President,  
St. Louis, Mo.

CHARLES S. BUTLER, Recording Secretary,  
Buffalo, N. Y.

## A CORRECTION

In THE DENTAL DIGEST for April appeared a digest of Dental Law Information from several states.

The information regarding New York State was incorrect. It should show that there is no interchange of license between New York and any other states. The secretary's name should read H. J. Burkhardt, Batavia, New York.